31. DATE FILED (Month, Day, Year)

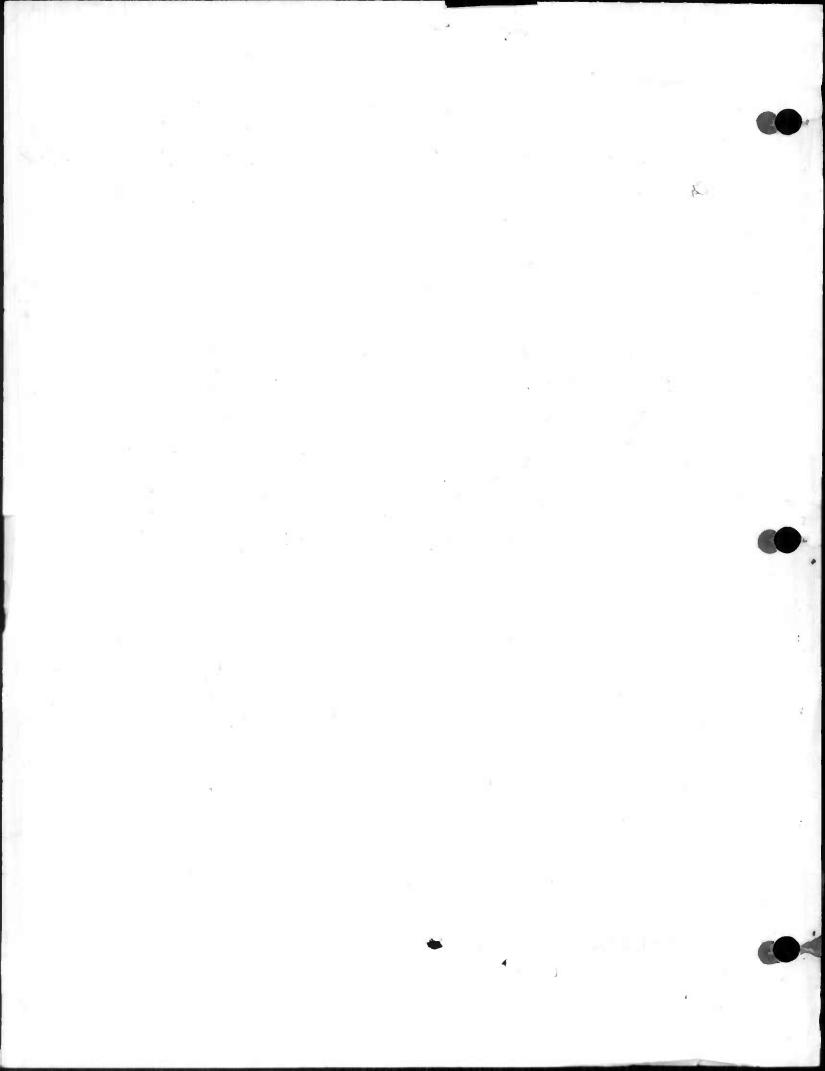
8 1995

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SEPTEMBER 10,1995 **EDWARD** S BIPPUS 9:23 P 7. DATE OF BIRTH (Month, Day, You OCT 7. 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 M 2 🗆 F 233-12-5888 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CHATH DIRECTUR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 26003 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS - American Indian, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marri BY 3 Widowed 4 Dive 5 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high H ge (1-4 or 5+) PRESIDENT COMPL SULANCE once. 17. FATHER'S NAME (First, Middle, Last) Ħ 5 BE notified 19a. INFORMANT'S NAME (Type/Print) 2 ANDIC 26002 Раде 6 тау be must be 20a. METHOO OF DISPOSITION
1 Burlal 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 50 4 Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 2/224 system and completely filled in by the prior to burial, cremation, or removal. 23. PART i. Enter the diseases of complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reaping ahock, or heart fallure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition CHEST WALL ABNORMALIT DUE TO (OR AS A CONSEQUENCE OF): 30 YETHRS event. resulting in death) MCCUNE - ALBRIGHT traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) DIVISION OF VITAL RECORDS, P.O. BOX if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL signed by the AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? OBSTRUCTIVE LUNG DISEASE shows any 1 YES 2 NO CENTRAL RESPIRATORY DEPRESSION 1 TES 2 NO L of P DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO II UNCERTAIN has by Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Rem After this certificate death with the State HOSPITAL: OTHER 1 YES 2 NO Inpatiant 2 ER/Outpatient 3 E 4 Nursing Home 5 Residence 6 Other (Specify) DOA marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 286. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, tarm, street, fectory, offica building, atc. (Specify) O THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: Af E filed within 72 hours after de Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 28 determined COMPLET 29a. CERTIFIER TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If II th occured at the time, date end place, and due to the cause(s) end manner as stated 296 SIGNATURE AND TITLE OF CHATFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE SEPT. 563 10 1995 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PATRICK HU, M.D. THE JOHNS HOPKINS HOSPITAL, 600 N WOLFE ST., BALTO.MD.

DHMH-16 Rev 1/89



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DIVISION OF VITAL RECORDS, P.O.	TEA
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	OCDITAL DR ATTENDING DEVOCATAL The law services that the death cartiforns he executed within 2s course after Aces

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	re B	ruing		2. DATE OF DEATN	AY Y	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-09-1890	5. SEX 8. AGE (In	yrs. last birthday) # PHOE MONTAN	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 5-15-6	0.	BIRTHPLACE (State or Foreign Country)		
JR	9s. FACILITY NAME (If not institution, give s	Musey	1.	Y, TOWN OR LOCATION OF C		9c. COUNTY	OF PEATH		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		10c. CITY, TOWN	OR LOCATION	ore	1	14		
	Md.	N/A		FIMOLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	2095 Ros	ckrose c	eve	101. ZIP CODE 2/6	211	10g. CITIZEN	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2-NO	WAS DECENDENT OF NISPA It yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (G-547)	CATION completed) College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	OCCUPATION during most of working	16b. KIND OF BU				
COM	17. FATHER'S NAME (First, Middle, Last)	711	UPILAO	18. MOTHER'S N	AME (First, Middle, Maiden	SJO Sumame)	RE		
BE	198. INFORMANT'S NAME (Type/Print)	JOHNSON	105 MAII ING ADDRES	JEAL 8 (Street and Number or Rural		USBN	:		
유	DEDT. OF AGING	100	861 PM	ek AVE.	BALTE . 1	m, State, Zip Co.	2/202		
	20a METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	oval from Stats	GEAND DATE OF DISPOSE	SITION (Name of	NATE 200 LO	CATION - CHY	or Town, State		
	21. SIGNATURE OF SINNERAL SERVICE LIC	. Skar	le 9. S	NAME AND ADDRESS OF FA	4. BALT	HUDS B. MI	21724		
		complications that coused t List only one couse on eac	he death. Do not enter h ilne.	the mode of dying, su	ch as cardlec or reap	Iratory arrest	, Approximate Interval Between		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	liac	augst			Onaet and Death		
NO	Sequentially list conditions,	AS	CUD				years		
CATIC	ti any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury								
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):						
CAL C	PART ii. Other significent condition	s contributing to deeth but	not resulting in the u	nderlying ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC					1 TYES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	neck only one)				
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpeti	ent 3 DOA 4 Nur						
	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Right) City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOLUTION ON 1 MEDICAL EXAMINED	CIAN: To the best of my knowled	ige, death occurred at the t	ilme, data and place, and due	to the csuse(s) and mar	nner as stated.	use(s) and manner se stated.		
BE C	29b. SIGNATURE AND THE OF CERTIFIER			29c. LICENSE NU		29d. DATE SIG	GNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO		MITTER OTH CENT OF THE	D-20	746	▶ 91	was -		
	H. Deva	adoss m	0. A	wa Han	r N H				
	SEP1 81995	32. REGISTRAR'S SIGNATI	URE .						

BALTIMORE, MARYLAND 21215-0020

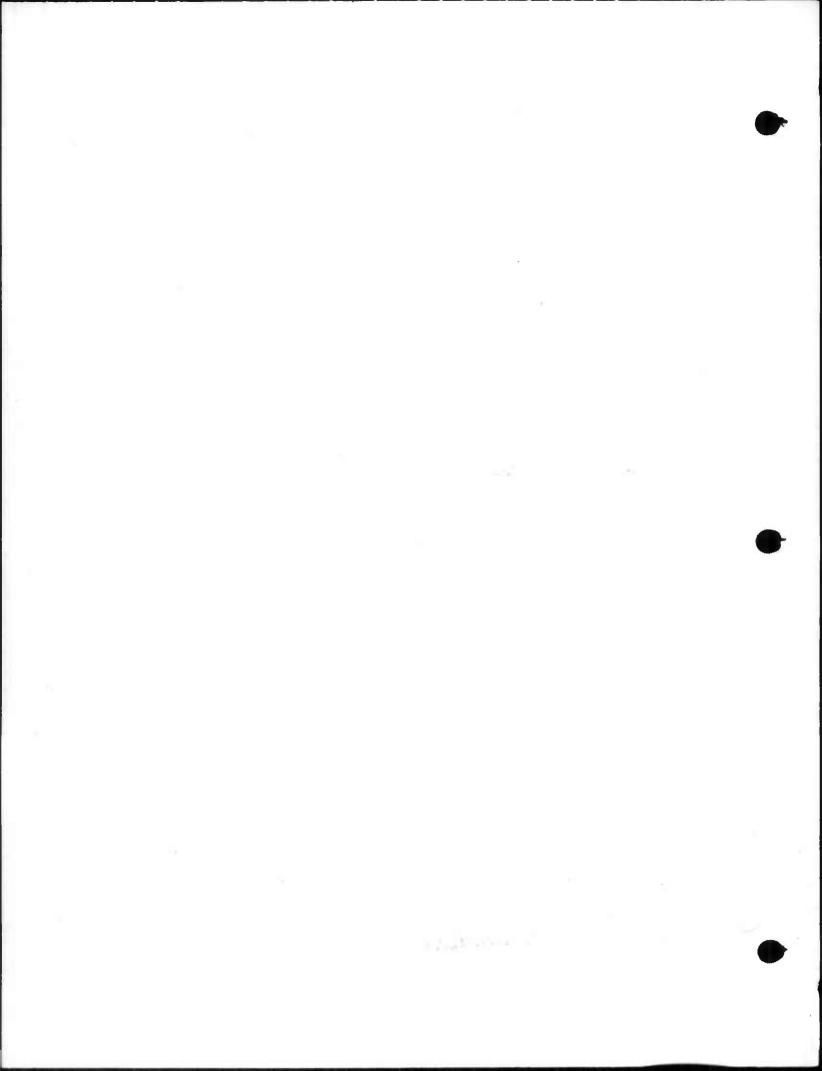
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neitfled at once.

	1 - FOR STATE OF MARYLAN	ID / DEPARTI				YGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARK ALLEN BURNHAM				2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In v	rs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	SEPT.		1995	IPLACE (State or Foreign	
	098-54-5210 X M 2 □ F 33		ONTHS DAYS	HOURS MIN.	MAR 18	Iv. Year)	Count		
œ	9a. FACILITY NAME (if not institution, give street and number)	9	mm	R LOCATION OF D	EATN	- 1	c. COUNTY OF D	EATH	
<u> </u>	Stella Maris Hospice		Towson				Baltimo	re	
DIRECTOR	Maryland Baltimore	10c. CITY, 1	OWN OR LOCAT	Ruxton	0.0			10d. INSIDE CITY LIMITS? V 1 VES 2-X NO	
	100. STREET AND NUMBER		101	ZIP CODE		1	0g. CITIZEN OF V		
FUNERAL	2010 Indian Head Road			2120	4		USA		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 XNO	13. WAS DEC	ENDENT OF NISPAL polity Cuban, Maxico 2 NO Specifi	n, Puerto Rica	pecify Yes or n, etc.)	Black	— American Indian, t, white, atc.	
COMPLETED	IS. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) W:	N st of working			ESS/INDUSTRY				
MP	1. Z. W.	aiter				taurar			
BE CC	David Brent Burnham	16. MOTNER'S NA	Judith	n Regi	na Wolf	hope			
2	Judith R. Davis	7803 La	Salle	nd Number or Rural Ct. Seve	rn, MD	2114 ⁴	itete, Zip Code)		
	20e. METNOD Optisposition 1								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE George E. MacNabb		Creffa 299 F	Cions Soc rederick	iety o	f Mary altimo	yland, i	Inc. 21228	
	23. PART I. Enter the diseases, or complications that caused the abook, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CO	SE AI		de of dying, suc	h aa cardiac	or reapirate	ory arreat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
ALC	PART II. Other aignificant conditions contributing to death but i	not reaulting in t	he underlying	cauae given in	Part I. 24	. WAS AN AUT		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
3					1(YES 2		COMPLETION OF CAUSE OF DEATH?	
SICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF I	DEATH YES		UNCERTAIL				I TYES 2 NO	
2 2		PLACE OF DEATH	Check only one)						
ביות	I YES 2 NO 1 Inpetient 2 ER/Outpetle 27. MANNER OF DEATN 28s. DATE OF INJURY			5 🗆 Raeldenca		227	ospice		
2	I Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR	M t 🗆 Y	ES 2 NO	28d. DESCHII	BE NOW INJU	RY OCCURED		
ELED	3 Suicide 8 Could not be determined 288. PLACE OF INJURY — building, stc. (Specify)	At home, farm, stre	et, factory, office			N (Street and wn, State)	Number or Rural R	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and place, and dua to the cause(a) and manner as stated.								
IO BE	29b. SIGNATURE AND TITLE OF CERTIFIER CVCACL EFOULLAU 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN	(ITEM 27) (Type, Pri	nt)	29c. LICENSE NUI	MBER 43		SEPT	(Month, Day, Year) : 16, 1995	
	DR. KENDALL FAULKNER 2300 DUL			TOWSO	N, MD	21204			
	SEP1 8 1995 July Druder Land	RE							
								DHMH-15 Rev 1/89	



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ITEM: 1. PER FIELD REP. FILM G-727 9/18/95 t.t

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	mana Chano	CLARENCE		HASE	2. DATE OF DEATN		3. TIME OF OEATN	
	4. SOCIAL SECURITY NUMBER 218-12-4563	1 0 M 2 □ F 7.	(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-22-2		BIRTNPLACE (State or Foreign Country) Maryland	
TOR	96. FACILITY NAME (If not institution, give: 3520 Venetian RESIDENCE OF DECEDENT			Wood]	AWN	DEATN		to.	
DIRECTOR		ĺto.	10c. CITY	TOWN OR LOCAT WOOdl				10d. INSIDE CITY LIMITS? 1 YES 2 TONO	
FUNERAL	3520 Venetian				21207			U.S.	
BY	t Never Married 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2- NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 (NO Specify: Black					
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	Conpleted) College (1-4 or 5+)	Ille. Do NOT use	ork done durina mo:	st of working	18b. KIND OF BU	SINESS/INDUS	TRY	
BE CO	17. FATNER'S NAME (First, Middle, Last) Clarence E. Cl	nase			Laur	a Smith			
10	Robert Chase		3520	Veneti	an Roa	Route Number, City or Tow d Woodlas	n, State, Zip Co √n , MI	D. 21207	
	20e. METNOD OF DISPOSITION Surface 2 Cremation 3 Rem 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIF	noval from Stata cem	PLACE AND DATE Of the lettery, crematory or off Zion	Cemete	ry 9/1	1/95 Ba	lto.,	y or Town, State MD •	
	► Douth 2	lecta CF	FSP #281	E.L.P	_	s F/H Ba	lto.,	N.Monroe St. MD. 21217	
	23. PART i. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on e	ach line.	svagal			iratory arrest	t, Approximate interval Between Onset and Death	
NOI	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	CONSEQUENCE OF):	-				
MEDICAL	PART II. Other algolificent condition	s contributing to death b	ut not resulting la	the underlying	ceuse given in	Part i. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (CI	neck only one)			
HYSI	1 VEN 2 NO	1 Inpetient 2 ER/Outp	atlent 3 DOA			6 Other (Specify)			
BY Pt	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer)	28b. TIME INJU	RY WO		28d. DEŞCRIBE NOW	NJURY OCCUR	IED	
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, office		281. LOCATION (Street City or Town, Stele	and Number or I	Rural Route Number,	
COMPLET	2 MEDICAL EXAMINE	ICIAN: To the best of my knowl	ledge, death occurred n end/or investigation	at the time, date , in my opinion, de	end piece, end due eath occured at the	time, date end place, er	ner ee stated,	euse(e) end manner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIES	hart Nede /	1600		29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)	
10	30. NAME (AND) ADDRESS OF PERSON WH	o collectio cause of De	ATN (ITEN 27) THE		2018	315	Jag	20,079)	
	31. OATE FILED (Minth, Day, Year) SEP 1 8 1	95 2 Juli 10 W	Hith-Rada	OPO CA	× 100	y			

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BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	nipertons are this certificate has been sinned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t
BAI	thin 24 hours after dea	tely filled in by the fur
O. BOX 68760	sertificate be executed wit	ing ohysician and comple
RECORDS, P.	requires that the death	need signed by the attent
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ITTENDING PHYSICIAN: The law	TOD: After this certificate has
DIV	L DR A	CIDE

ling physician. the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF	MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF	DEAT	Ή		REG. NO.

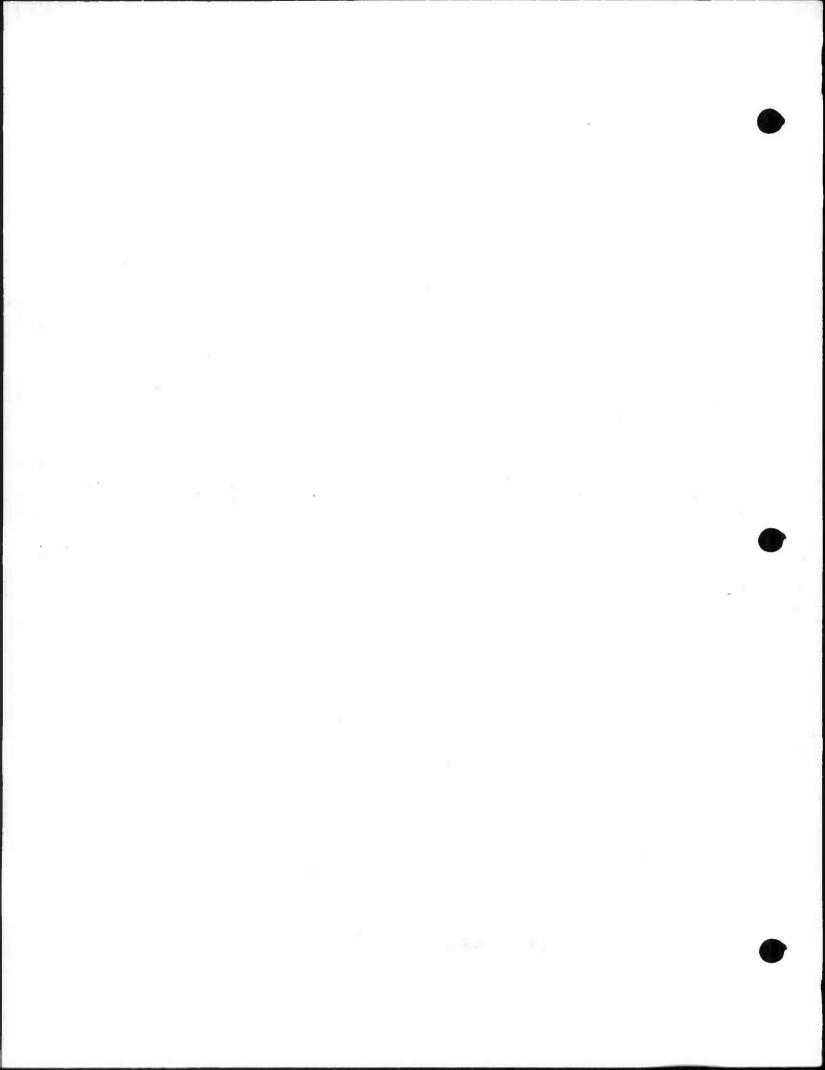
	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN	E			
į	1. DECEDENT'S NAME (First, Middle, Lest) PHILLIP	J.	CO	RNELIUS	3	2. DATE OF DEATH SEPT. 11	" . 1995	3. TIME OF DEATH 2:35 P. M		
	4. SOCIAL SECURITY NUMBER 220-482545	5. SEX 6. AGE ((in yrs. last birthday) 40 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 18, 1955	Co	RTHPLACE (State or Foreign fountry) Saryland		
ŀ	9a. FACILITY NAME (If not institution, give stre	set and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY C	F DEATH		
DIRECTOR	1152 RIVERSID	E AVE.		Essex			BALT	MORE		
REC	10a. STATE 10b. COUNTY		10c. CIT	ry, town or loca				10d. INSIDE CITY LIMITS?		
	Md. E	Baltimore			SSEX		LAS OFFICEN	1 YES 2 NO		
FUNERAL	1152 Riverside	yr.o		10	2122	01	USA	OF WHAT COUNTRY?		
N I	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A				CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No.— 14. F	ACE — American Indian,		
BY	1 X Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Maxica 2 X NO Specif	in, Puarto Rican, atc.) y:		Nock, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION 16a. DE (Specify only highest grade completed) (G			USUAL OCCUPATE work done during me	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTF	iY .		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	or 5+) life. Do NOT use retired.) Electrican				/3			
M	12th 17. FATHER'S NAME (First, Middle, Last)									
8	Robert S. Corne	elius				an McCaff				
BE (19a. INFORMANT'S NAME (Type/Print)		196, MAILIN	G ADDRESS (Street		Route Number, City or Tow)		
2	Carol Warnecker		4852	Beverly	Drive I	Lilburn Geo	orgia 30	0427		
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piace)									
	4 Donation 6 Other (Specify) Metro Crematory Inc. 9/15/95 Baltimore Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE (22. NAME AND ADDRESS OF FACILITY									
	R Tury (annelly Funeral Home of Essex 300 Mace Ave. Baltimore 21221									
	23. PART I. Enter the diseasea, or or shock, or heart fallure							Approximate Interval Between		
	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Onset and Daath Onset and Daath									
_	DOE TO (ON NO A CONTREMENTAL OF).									
5	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
	thet initieted eventa resulting in death) LAST	DUE TO (OH AS	A CONSEQUENCE	JF):				į		
E		J								
AL.	PART II. Other aignificant conditions	a contributing to death i	but not resulting	in the underlyir	ig ceuse given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDICAL						1 YES 2	2 🗌 NO	OF DEATH?		
	DID TOBACCO USE CONTR	DIRLITE TO CALISE C	DE DEATH Y	ES [] NO [UNCERTAL	N []		1 PYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	IBOIL TO CAUSE C		ATH (Check only one		., .				
PHYSICIAN:	EXAMINER? 1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER:	me 5 JResidence	6 Other (Specify)				
ΉΥ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	Ferry 26b. TI	ME OF 26c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURE	D A		
ВУР	1 Naturel 5 Pending 2 Accident Investigation	9-11-95			YES 2 NO	Subject	Shot	self.		
ED E	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Spe	city)	, street, factory, offi	Ce	28f, LOCATION (Street City or Town, State)			
ETE		Ros	idence			11152 KI	verside	. Are Bult. Co.		
COMPLET	Crieck orlly	CIAN: To the best of my known R: On the best of exeminate						use(a) and manner ea stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	10/1/			29c. LICENSE NU	MBER	29d. DATE SIG	INED (Month, Day, Year)		
TO B				O.C.M	.E.	SEP	г. 12, 1995			
ř	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D			reet, B	altimore,	Mary	land 21201		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE							
	SEP1 81995 g	the Mindre C	A.M.							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) SEP1 81995

	1 - STATE REGISTRAR	STATE OF MA		DEPAR					MENT		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	TE OF DE	ATH			3. TIME OF DEATH
	Kathryn	Calvert							MOR	HTH	15,	100	YEAR	2:05am M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HTG.	7. DAT	E OF BIE	ETH			PLACE (State or Foreign
	217-24-0115	1 M 2 XF	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Ja	nth, Day	9,19	911	Countr	ryland
į.	Sa. FACILITY NAME (If not institution, give	street and number)			9b, CITY	. TOWN C	R LOCATI	ON OF DE				e COUN		
								~~~		- 1			EAI (P	
DIRECTOR	RESIDENCE OF DECEDENT	ns Naist	ing cer	iter		Ralt	.lmor	e					n/a	
H	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT								10d. INSIDE CITY LIMITS?
		Baltimor	e				Mid	dle	Ri	ver	_		- [	1 YES 2 NO
₹	100. STREET AND NUMBER					101	ZIP CODE				1	0g. CITIZ		THAT COUNTRY?
FUNERAL	1314 First	Street						212	220				USZ	A
2	11. MARITAL STATUS	12. WAS DECEDENT I	VER IN U.S. AF	RMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIG	SIN7 (Spe	cify Yes or	No-	14, RACE	— American Indian, White, etc.
ΒY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF		201				Specify:		o mount,	enc.)		Specif	y:
	15. DECEDENT'S EDI	ICATION	I last sa				u.		_					White
2	(Specify only highest grad	e completed)	(6	CEDENT'S live kind of Do NOT u	work done	during mos	N st of workin	g	10	6b. KIND	OF BUSIN	ESS/INDU	ISTRY	
ا ۳	Elementary/Secondary (0-12) 7th	College (1-4 or 5+)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,						1			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			пои	sew:	rre	40 44077				wn l		3	
		Kiel					18. MOT				Maiden Sur			
8	19a. INFORMANT'S NAME (Type/Print)	VIET	10	b. MAJLING	ADDRES	t (Charles	and Advantage				Hedo		0.11	
2	William Calv	ort Sr	1"											21220
- 1	20a. METHOD OF DISPOSITION		20b. PLACE		_			reet			20c. LOCAT			21220
	1 St Burlet 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	cemetery, cre	watery or o	ther place)			0/1	1					e Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1 Lar	2WOO				S OF FAC		90	DAL	LUII	поте	e Mu.
1	DRT.	. / 0	0			onn	611	v Fi	ıne	ra1	Hor	10 0	of I	Essex
	22 PART I States the diseases	ylon	nell	4		חחכ	1400	~ 7 -		D =	7 +		. 3.6 -	1.21221
ı	23. PART i. Enter the diseases, or shock, or heert failure.	List only one cause	on eech line	5.	ot enter	the mod	de of dyl	ng, such	as Ca	rdiac o	r reapirat	ory arre	st,	Approximata interval Between
	iMMEDIATE CAUSE (Finel disease or condition	1									Onset and Death			
1	resulting in death)	a. 31350	1RA	DISEQUENCE OF:								981m		
		DOE 10 (0	H AS A CUNSE	OUENCE O	F):		-							,
RTIFICATION	Sequentially flat conditions, flanguage to CRRIBALASCULAN ARCLAIR.  Due to (or as a consequence of):  3 97									34n1				
¥	cause. Enter UNDERLYING				,									į ·
트	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSE	DUENCE OF	<b>)</b> :									<u> </u>
	resulting in death) LAST	d												
3									-	_				1
₹	PART II. Other significant condition	ne contributing to de	eth but not i	resulting	in the un	derlying	cause g	iven in F	Part i.		MAS AN AUT		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă										1 🗆	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
MED												-		1 _ YES 2 _ NO
SICIAN	DID TOBACCO USE CONT	RIBUTE TO CAU					UNC	ERTAIN	1 🗆					
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	QTH6F									
2	1 YES 2 NO	1 Inpatient 2 E			4 Nun	ing Home		sidence (	B 🗆 Ott	her (Spec	ify)			
PHY	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b, TIM INJ	E OF URY	28c. INJU WOI	RIC?	. 1	28d. DI	ESCRIBE	HOW INJU	RY OCCL	JRED	
R	2 Accident Investigation	00- 01-05-05-1			М	1 🗌 Y	ES 2	-						
3	3 Suicide 6 Could not be 4 Homicide datarmined	28s. PLACE OF II building, ato	Specify)	me, term, a	rreet, fact	ory, office			26f. LO	CATION or Town	(Street and , State)	Number o	r Rural R	oute Number,
MPLEIED	na- province 1													
<u> </u>	(Check only 1 CERTIFYING PHYS	ICIAN: To the best of my												
5	2 MEDICAL EXAMINI		nination and/or	Investigatio	n, In my o	pinion, de	ath occur	ed at the t	lme, da	te and pl	ace, and d	us to the	cause(a)	and manner as stated.
8 E	296 SIGNATURE AND TITLE OF CHITTINE	ж					29c. LICE	NSE NUM	BER		29	d. DATE	SIGNED	(Month, Day, Year)
	John fl	~					00	RA	23	8		9	1	6/9×
- 1	30, HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (500.	Print)	1	-	- A A		0	1		-	7 1
- 1	· ·		_3	10	CA	11/	116	10	-6	-	_ A			



ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G- 727 9/22/95 t.t

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTI	FICATE C	OF DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATN		WELL	3. TIME OF DEAT	TN
	KRYSTA LEE	CLARK			SEPT	1 1 1	199	YEAR	6:50	Рм
		E (In yrs. last birthda)	) IF UNDER 1 YE	AR JF UNDER 24 HRS.	7. DATE OF	BIRTN	100	8. BIRTI	NPLACE (State or Fe	_
	219-31-4123 1 N 2X F	4 YRS.	MONTHS DA		March 2				ryland	
<u>۳</u>	99. FACILITY NAME (If not institution, give street and number)  MIDDLESEX SHOPPING CE	NTER		96. CITY, TOWN OR LOCATION OF DEATH  ESSEX  8c. COUNTY OF BALTIN						
Ĕ	RESIDENCE OF DECEDENT									
DIRECTOR	Md.   Baltimore	10c. C	c. CITY, TOWN OR LOCATION Rosedale						10d. INSIDE CITY LIMITS? 1 YES 2 X	
FUNERAL	100. STREET AND NUMBER 6716 Havenoak Road			10f. ZIP CODE 2123	7		10g. CIT		WHAT COUNTRY?	
BY	11. MARITAL STATUS  1 \( \overline{\chi} \) Never Merried  2 \( \overline{\chi} \) Merried  3 \( \overline{\chi} \) Widowed  4 \( \overline{\chi} \) Divorced	S 2 NO	If yes	DECENDENT OF HISPA s, specify Cuben, Maxk YES 2 X NO Spec	en, Puerto Rice		or No—		E — American Indi ik, White, etc. iiiy: White	
COMPLETED	15. DECEDENT'S EDUCATION	180. DECEDENT	'S USUAL OCCU	PATION	16b. KII	ND OF BUS	INESS/IND	DUSTRY		
ᇤ	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT	use retired.)	g most of working						
립	n/a	n/	a			n/a	l			
8	17. FATNER'S NAME (First, Middle, Lest)			18. MOTNER'S N	IAME (First, Midd	le, Maiden S	Sumame)			
	Mark Allen Clark			Bett	y Louis	se Tw	roey			
찚	19e. INFORMANT'S NAME (Type/Print)	19b. MAILU	NG ADDRESS (St	reet and Number or Rura	-			Code)		
2	Ronald Twoey	3014	Fallst	aff Manor	Court	Balt	imor	e M	21209	
		20b. PLACE AND DAT	E OF DISPOSITIO	N (Name of	DATE	20c 100	CATION -	City or T	own, State	
	1 XBuriel 2 Cremetion 3 Removal from State	cemetery crematory of	r other place)	emetery 9/			timo			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Duraneyv	22. NAM	IE AND ADDRESS OF I	FACILITY	Da1	CIMC	1	IQ.	
	> R Terrellona	110		nelly Fun Mace Ave					221	
	23. PART I. Enter the diseases, or complications that cau	sed the death D							Approxim	nete
	shock, or heart fallure. Let only one cause or	each time.							Interval E	Between
	IMMEDIATE CAUSE (Final disease or condition									
	e. MULTIPLE INJURIES  DUE TO (DR AS A CONSEQUENCE OF):									
	DUE TO (DR AS A CONSEQUENCE OF):									
NO	Sequentially flat conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
Ĕ	If any, leading to immediate cause. Enter UNDERLYING									
5	CAUSE (Disease or Injury	S A CONSEQUENCE	OE)							
CERTIFICATION	that initiated events resulting in deeth) LAST		0.7.							
岜	d								-	
	PART II. Other significent conditions contributing to deat	h but not recultin	g in the Under	lying cause given i	n Part I. 24	a. WAS AN		24	b. WERE AUTOPSY I	
MEDICAL						PERFOR			AMPLABLE PRIOF COMPLETION OF	
8						7100 1			OF DEATH?	NO
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH	VEC IT NO	UNCERTA	INL				TUETES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL		EATH (Check only							
PHYSICIAN:	EXAMINER? HOSPITAL:		OTHER:		V		SCEN	IF		
YS	1 XYES 2 NO 1 Inpetient 2 ER/C			Nome 5 - Residence	1	pecity)				
표	27. MANNER OF DEATH 28e. DATE OF INJUI (Month, Day, Yes	17)	INJURY	MORK?	28d. DESCR			CURED		
ВХ	2 Accident Investigation 9/11/95			YES 2 XX		XPLOS				
COMPLETED	3 Suicide 6 Could not be 4 Nomicide determined	JRY — At home, terr Specify) MIDDLESEX			City or 1	ON (Street e bwn, Stete) , MAR		r or Rural	Route Number,	
7	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my ki	nowledge, death occ	urred at the time,	date and place, end d	ue to the cause	e) end man	nner en sta	rted.		
M	one) 2 X MEDICAL EXAMINER: On the beels of existing in								(e) end manner ee	stated.
	29b, SIGNATURE AND THILE OF CERTIFIER									
BE	290, SIGNATURE AND THESE OF CENTIFIER CALL	6		O.C.					12,199	
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (7)	Penn	Street,	Balti	nore	, M	ary	land 21	201
	JUMIU K OWE  31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S S									
	SEP1 81995 Juli Divolunta	dall								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital on the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

unk 95-227 ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-727 9/22/95 t.t

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Leet) BETTY	LOUISE		CLARK		2. DATE OF DEATH SEPT 1	1995 ^{AR}	3. TIME OF DEATH 6:50 PM	
4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday) 32 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 11,1	a, BIRT	HPLACE (State or Foreign	
9a. FACILITY NAME (If not institution, give s		TER		OR LOCATION OF DI		9c. COUNTY OF BALTI	DEATH	
	altimore	10c. CIT	Y, TOWN OR LOCA	Rosed	ale		10d. INSIDE CITY LIMITS7 1 YES 2 NO	
10e. STREET AND NUMBER 6716 Havenoak 1 11. Marital Status	6716 Havenoak Road			101. ZIP CODE 10g. CITIZEN O				
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES7 1 YES IF YES, GIVE WAR OR	2 ZNO	If yes, sp		NIC ORIGIN? (Specify Years, Puerto Rican, atc.) y:	Bla	CE — American Indian, ck, White, atc. icity: White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  1 2 th  17. FATHER'S NAME (First, Middle, Last)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupati work done during m se retired.)	ON ost of working	16b. KIND OF BU	own home		
	Jr.			The second secon	ME (First, Middle, Maiden uelyn Lee			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or You  T-B BA1		MA 21237	
20s. METHOD OF DISPOSITION 11% Burial 2 Cremation 3 Rem	oval from State	Db. PLACE AND DATE	OF DISPOSITION (N	ame of	OATE 20c. LC	OCATION — City or	Town, State	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIN		oulaneyVa	22. NAME A	ND ADDRESS OF FA			ĸ	
23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	MULTIPLE I	each line.			•		Approximate Interval Batween Onset and Death	
Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C	A CONSEQUENCE O						
PART II. Other algnificant condition	ns contributing to death	but not resulting	in the underlyle	ng cause given in		RMEO?	4b. WERE AUTOPSY FINDINGS ANARLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 > YES 2 \( \subseteq NO	
DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH Y			N 🗆 📗			
DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1X YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER/O	ulpatient 3 🗆 DOA	OTHER: 4  Nursing Ho	me 5 🗆 Realdence		SCENE		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	25a. DATE OF INJUR (Month, Day, Year 9/11/95	7 28b. Til	JURY W	JURY AT ORK? YES 2 NO	CAR EXPLO			
3 Suicide 8 Could not be 4 1 Homicide determined	28e. PLACE OF INJU building, etc. (S)	pecify)	etroet, fectory, offi EX SHOPPI		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ESSEX, MARYLAND			
Check Only	ICIAN: To the best of my known						e(s) and manner as stated.	
296. SIGNATURE AND THE OF CERTIFIED	- 11			O . C .	IMBER		EO (Month, Day, Year) 12,1995	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print) Penn S	treet,	Baltimor	e, Mary	land 21201	
SEP1 81995	A Street Land	E E						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTENDII	IRECTOR: AS	ours after de	ет 28 Ів і
THE HOSPITAL D	THE FUNERAL D	filed within 72 ho	PORTANT: If its
2	2	pe	E

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH VEAR Willie 10:07 Cullens Mae September 11,1995 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2-7 F DAYS HOURS 217-26-7063 29, 928 South Carolina Aug 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore n/a 10a STATE 105 COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland n/a Catonsville 1 TYPES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1105 Sedgewood Road 21229 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puarto Rican, atc.)

1 ☐ YES 2 N NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Specify: 34 3 🕅 Widowed 4 🗌 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Nursing Aide University Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Grant Cunningham Martha Wright BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Linda Wilder Baltimore, Maryland 21208 Pinelea Court 20a. METHOD OF DISPOSITION
145 Burial 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of sept MD Veteran Cemetery/Garrison 4 Donation 5 Other (Specify) 15 Owings Mills, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gynns Falls Parkway 21. SIGNATURE OF FUNERAL SERVICE LICENSEE van Baltimore, Maryland 21216 23. PART i. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or raspiratory arrest, Approximate ehock, or heert failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) dieease or condition_ Paldin Monnia moine 4712 reculting in death) DUE TO (OR AS A CONSEQUENCE OF) PARTOLY DISCORE ONWANY CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DINFUSC ATTORO SCICLOSIS 4115 DUE TO (OR AS A CONSEQUENCE OF): that initiated evente reaulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MECHTUS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 200 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL: OTHER:
4 Jurising Home 5 Residence 8 Other (Specify) I Inpatient 2 ER/Outpatient 3 DOA 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending BY Accident Investigation 3 Suicida 28a. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29e. CERTIFIER 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as steted.

ino 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 560d 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

29b. DIGNATURE

o 1995

BE

2

29s. LICENSE NUMBER

Samoritan

D 20390

BALTIMORE, MARYLAND 21215-0020	rYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the . be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Mide	dle Leetl				IOAII		DEA		MEG.			
	MONTH DAY YEAR							3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest												
			□ M 2 √ F		YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year		Country	PLACE (State or Foreign
	217-16-2629			41	THS.					June 21,			
~	9e. FACILITY NAME (If not institute							OR LOCATI			9c. CO	UNTY OF DI	EATH
5	THE JOHNS HO		HOSPITZ	AL		BA	LTIM	ORE	CITY			n/	'a
DIRECTOR		COUNTY			10c CIT	Y, TOWN (	OR LOCAT	ION					10d, INSIDE CITY
ä	Maryland	n/	1-			ltim							LIMITS?
	10a. STREET AND NUMBER	11/	a		Do	TUTIL		ZIP COD			140- 01		1 X YES 2 NO
FUNERAL	1011 Dock Tox	Connell l	. 3	25.			100				10g. CI		HAT COUNTRY?
2	1211 East Lat			T EVER IN U.S. A		1		2120				USA	
	1 Never Married 2 Marr		FORCES? 1	YES 21	NO		If yes, sp	ecify Cube	n, Mexica	HC ORIGIN? (Specify n, Puerto Rican, etc.)	Yea or No-	14. RACE Black	— American Indian, , White, etc.
ВҰ	3 Widowed 4 Divorced		IF YES, GIVE W	AR OR DATES			1 TYES	2 💢 NO	Specify	<b>y</b> :		Specif	•
	15. DECEDEN	IT'S EDUCATI	ON	16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KINO OF	BI ICIMECC/IN	IDIJETEV	Black
	(Specify only high Elementary/Secondary (0-12)		oflege (1-4 or 5 a		Give kind of b. Do NOT u	work done -	during mo	st of working	ng	IGO. KING OF	BOSINE 39/IN	DUSTRY	
2	Elementary/Secondary (0-12)		lege :	2	Secu	ritz	Off	idor		Wo +le	ins S	oauwi	A.v.
COMPLET	17. FATHER'S NAME (First, Middle,		.iege .		Secu	IILY	OLI			ME (First, Middle, Mail			Ly
	Alvin McCreo	3.,									en Sumeme)		
H	19a, INFORMANT'S NAME (Type/P			1	96 MAILING	ADDRESS	Ctmot a			McKinney Route Number, City or		- 0 11	
2	Nannie Guytor	1											D 21202
	20s. METHOD OF DISPOSITION		_	20b. PLACE	ANDDATE	OE DIEBOS	LICH (No	mo of	CAV	re. Ba	TCTIIIO.	Le, M	D 21202
	1 \( \text{Density Burist 2 \subseteq Cremation 3 \} \) 4 \( Donation 5 \subseteq Other (See		from State							sept "	LUCATION -	- City or los	ounty, MD
	21. SIGNATURE OF FUNEBAL SE	. ,,	SEE ///	Wood1	awii C	22	NAME AN	D ADDRE	SS OF FA	19 Ba	ITTIMO	re Co	ounty, MD
	Levin	- Fo	rke							alls Park yland 2	er Fu Way 1216	neral	Homes, Inc
	23. PART I. Enter the disease	ea, or com	pilcations the	t caused the d	eeth. Do i	not enter	the mo	de of dy	ng, suc	h sa cardiac or re	apiratory a	rreat,	Approximata
	shock, or heart IMMEDIATE CAUSE (Final	Tallure. Lini	only one cau	se on each lin	e.								Interval Between Onset and Death
	disease or condition		IREMTA										
ı	resulting in death)  a. UREMIA.  Due to (or as a consequence of):									3 weeks			
z I	END STAGE RENAL DICEAGE												
일	If any, leading to immediate cause. Enter UNDERLYING  ACQUIRED IMMUNO DEFICIENCY SYNDROME  3 WEEKS												
CERTIFICATION													
띨Ⅱ	that initiated events		DUE TO	(OR AS A CONSE	OUENCE O	f):						_	
	resulting in death) LAST	d											
	PART II. Other aignificant co	onditiona co	ontributing to	death but not	regulting	in the un	derlying	COURA (	alven in	Part I 24a Mac	AN AUTOPSY	Last	WERE AUTOPSY FINDINGS
ਤ					reconting	in the un	derrying	Leanse E	hiver in	PERI	ORMED?	1	AVAILABLE PRIOR TO
MEDICAL								_		1 🗆 YES	2 NO		OF DEATH?
	DID TODA COO LICE					_				1 🗆 YES 2 NO			
A N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES   NO   ONCERTAIN												
ᅙ	25. WAS CASE REFERRED TO ME EXAMINER?	H	OSPITAL:			OTHER							
PHYSICIAN:	1 YES 2 NO	18		ER/Outpatient					sidence	8 Other (Specify)			
	1 Netural 5 Pendi	Ina	28a. DATE OF (Month, Da		28b. TIM	E OF URY		RK?		28d. DESCRIBE HO	V INJURY O	CURED	
À	2 Accident Invest	tigation				M		ES 2	NO				
3 Suicide 4 Homicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, term, street, factory, office 29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due 28s. LOCATION (Street and Inc. (Specify)) 29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one							et and Numbe ite)	r or Rural Ro	oute Number,				
ון ע	29a. CERTIFIER 1 CERTIFYIN	IG PHYSICIAN	: To the heat of	my knowledge d	asth occurs	of at the t	ma deta	and place		to the cause(a) and s	V	ica.	
Š													end manner es stated.
	29b. SIGNATURE AND TITLE OF C												
닒	( In -1	1	1		MD			29c. LICE	NSE NUM	488	29d. DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PER	SON WHO CO	MPI ETED CALIF	E OF DEATH /IT		Defeat*			147	700	De	pembe	r. 14, 1995
	EPEN T (	HALL	M A				A 1 - 1 -	0	garage The	100 1-5-5-4	000-	1 - "	Can
-	31. DATE FILED (Month, Day 35)	11/1/1	3 (4 pro-	n Baralu II	YUKIF	7 W	ULTE	31/	EE (	BALTIN	ICKE	MO	21287
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1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF OEATH CENKO MYKOLA SEPTEMBER 12:23P M 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 85 173-26-4422 1 🔲 M 2 🔲 F 5 191 May Ukraine 9s. FACILITY NAME (If not institution, give stree 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NA Hospital Baltimore Harbor RESIDENCE OF DECEDENT Pages 1, 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland NA Baltimore TYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. Patterson Park Ave. 15 S. 21231 use as the burial-transit 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TYES 2 NO BY Specify Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S FOLICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only his ege (1-4 or 5+) NA Elementary/Secondary (0-12) funeral director, page 5 should be detached for Realtor Real Estate 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnama) Hryhorii Cenko Baran F Eva BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 Hoyt Rd. 517 Huntingdon Valley, Pa. 19006 Alex Cenko hours after death. Page 6 may be e 20b. PLACE AND OATE OF DISPOSITION ATTO TIC 20a. METHOD OF DISPOSITION

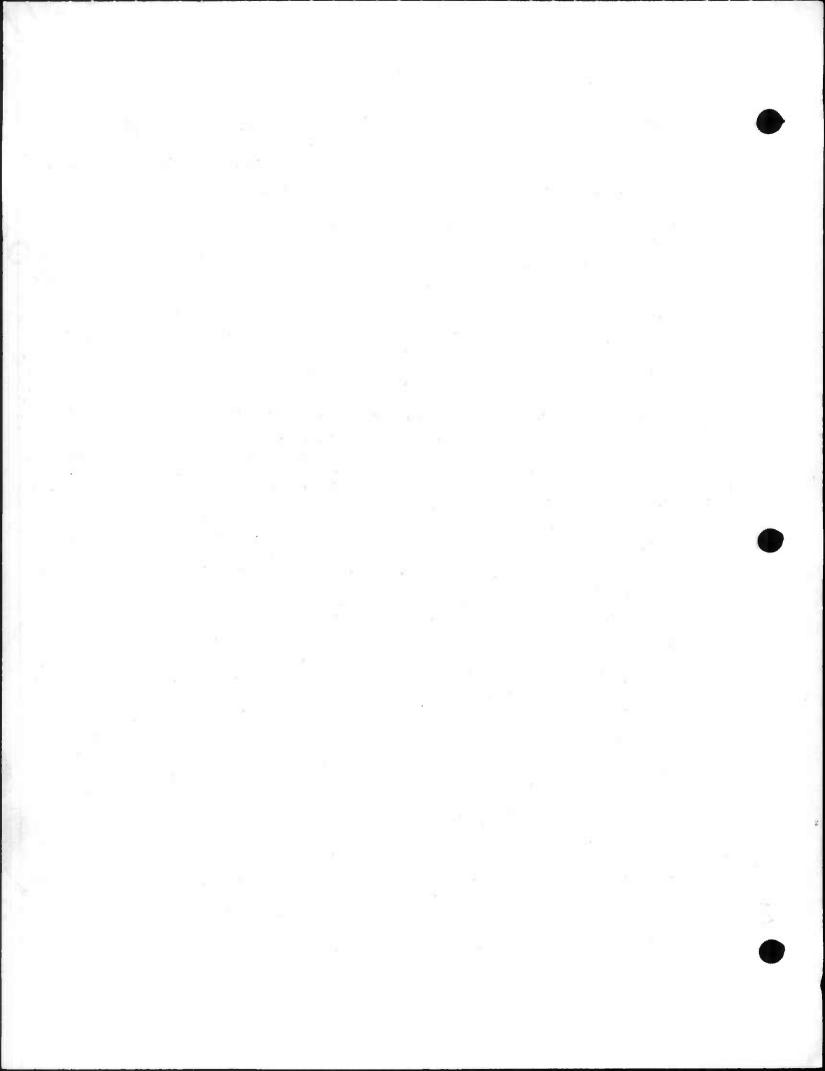
X Burlai 2 Cremation 3 Removal from State 20c. LOCATION -- City or Town, State OATE must 4 ☐ Donation 5 ☐ Other (Specify) Mary's Ukrainian Sept. 23 Elkins Park, Pa. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE W. M. Dabrowski T.H. P.A. h nacki 1005 Dundalk Ave. Balto., Md. 21224 and completely filled in by the burial, cremation, or removal. the medical 23. PART I. Epitar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) UNCAL HERNIATION WITH MASS EFFECT 20HRS event, DUE TO (OR AS A CONSEQUENCE OF): 20 HRS MASSIVE RIGHT CEREBRAL traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING attending physician . HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCUAR DISEASE CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 signed by the atten Health and Mental F PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Congestive HEART FAILURE due to Chronic Ischemic Heart Disease any 1 TYES 2 NO Shows Diabetes Mellitas, Dementia Atrial fibrillation 1 YES 2 NO jo DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has b Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate to the State HOSPITAL 1 YES 2 NO 1 Pinpatlant 2 - ER/Outpatlant 3 - DOA 4 Nursing Home 5 Realdence 6 Other (Specify) the 27. MANNER OF DEATH 26b. TIME OF 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT 28d. OEȘCRIBE HOW INJURY OCCURED this marked. 1 Natural 5 Pending 1 YES 2 NO ВY After 2 Accident investigation ATTENDING 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 COMPLETED DIRECTOR: / 4 Homicide 28 determined B 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL

TO THE FUNERAL

De filed within 72 h

IMPORTANT: If it 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Payl INTERN MEDICINE DEPTEMBER 15, 1995 AS 244 1614-19 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21775 BINO CHACKO, 3001 SOUTH HANOVER STREET, HARBOR HOSPITAL, BALTIMOREMARYLAND 31. DATE FILEO (Month, Day. Year) 32. REGISTRAR'S SIGNATURE g 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



95-5577-005

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use as the

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attending physician and completely filled in by the funeral director, page 5 should intell Hygiene prior to burial, cremation, or removal.

signed by the attending ph Health and Mental Hygiene

has been 6

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r this certificate h h with the State the State

death \

FUNERAL DIRECTOR: After within 72 hours after death

BALT	fter death.
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BOX 6	ate be exec
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ORDS,	quires that the death certificate be executed wi
REC	w requires
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OF VI	PHYSICIAN
<b>DIVISION OF VITAL RECORDS, P.O. BOX 68760</b>	OR ATTENDING PHYSICIAN: Th
I	DSPITAL DR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 95 7:30 PM SEPTEMBER WARFIELD DAY GORDAN 5. SEX 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. M 2 □ F MONTHS DAYS July 28 917 Maryland 217-05-2332 96. CITY, TOWN OR LOCATION OF DEATH 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH DIRECTOR 8500 COVE ROAD BALTIMORE DUNDALK RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY LIMITS? 1 XYES 2 NO Maryland
100. STREET AND NUMBER Baltimore NA 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? FUNERAL 21222 Gary A Ave. 6715 U.S.A. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 The Yes of the Specify Spec 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried Specify: ВУ 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade during most of working (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) 10 Steel NA ine operator once. 18. MOTHER'S NAME (First, Middle, Meiden Sumame) 17. FATHER'S NAME (First, Middle, Last) te Day Amelia Gillis BE Bradley notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Baltimore. Md. 21220 Dihedral Drive 104 Rosalie Powers 99 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Co Tak Tawn her place September East Point, Md. 19 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICENSEE examiner W. M. Dabrowski/Chojnacki F.H. P.A. 1005 Dundalk Ave. Balto., Md. 21224 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition ____ TO (OR AS A CONSEQUENCE OF): event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any YES 2 NO OF DEATN? YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🔀 UNCERTAIN 🗆 PHYSICIAN: 23 28. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item HOSPITAL:
1 | Inputient 2 | ER/Outputient 3 | DOA 1X YES 2 NO 4 Nursing Nome 5 Residence 5 Other (Specify) IN WATER 6 27. MANNER OF DEATH 2ad. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT marked, 5 Pending Investigation 1 Natural
2 Accident Subject fell in water 1 YES 2 NO BY 261, LOCATION (Street and Number or Rural Route Number City or Town, State) 50 3 Suicide 8 Could not be COMPLETED WATER 28 4 Homicide determined 8500 COVE 80 Item CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end menner as stated. TO THE HOSPITAL OF THE FUNERAL DE BIED WITHIN 72 HOMEN TO THE FUNERAL DE BIED WITHIN 72 HOMEN TO THE BIED WITHIN TO THE BIED WITHIN THE BIED WITHIN TO THE BIED WITHIN THE BIE (Check only one) 2 X MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end manner es stated. 29b. SIGNATURE AND THTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE SEPTEMBER 16,1995 O.C.M.E. 2 SE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 32 FEGISTRARIS VONATURA

HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 strains after death with the State Dogs of Health and Mental Hygien prior to burial, certainly or private muse he mailfied at page.	APONIANI. Il Item 20 15 marked, of right 23 shows any might, of other natural event, the meaning mass of normal architecture.
TO THE HOSPITAL O TO THE FUNERAL DI be filed within 72 ho	IMPURITARI. IL IN

1	FOR STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH		NTAL HYGIENE REG. NO.				
1.	DECEDENT'S NAME (First, Middle Anthony	s, Last)	Dunkus		2.	DATE OF DEATH MONTH Sept.13,	1995 ^{YEAR}	3. TIME OF DEATH 8:55am M		
	SOCIAL SECURITY NUMBER 203-10-4342	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 2 DATHS DAYS HOURS	MIN. N	DATE OF BIRTH (Month, Day, Year) March, 29	, 1920 s. BIRT	HPLACE (State or Foreign try)		
	n, FACILITY NAME (If not institution 213 River	ton Road	9	b. CITY, TOWN OR LOCATION Middle			9c. COUNTY OF D	ltimore		
	ne. STATE 10b. 0	county Baltimore	10c. CITY,	TOWN OR LOCATION	1616	River		10d, INSIDE CITY LIMITS?		
	09. STREET AND NUMBER	Bartimore		10f, ZIP CODE		1	10g. CITIZEN OF	1 TYES 2 XNO WHAT COUNTRY?		
BY FL	213 River  1. MARITAL STATUS  Never Married 2 Marrie  Wildowed 4 Divorced	12. WAS DECEDENT EVER	S 2 NO	13. WAS DECENDENT OF If yes, specify Cuben 1 TYES 2 TYNO			US. or No.— 14. RAC Blac Spec	E — American Indian, ck, White, etc.		
COMPLETED	(Specify only highe: Elementary/Secondary (0-12)	r's EDUCATION ist grade completed)  College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working alired.)	chant	Marine				
BE COM	12th 7. FATHER'S NAME (First, Middle, L Anthony		Joean	18. MOTH		(First, Middle, Malden S erkauska	lumame)			
2	as. INFORMANT'S NAME (Type/Prin Albert Yan			ackson St.		rtCarbin	PA. 1			
14	20s. METHOD OF DISPOSITION  1 X Burdal 2 Cramation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camelor), cremation of camelor, cremation of camelor of camelor, cremation of camelor of camelor, cremation of camelor of cam									
i c	23. PART i. Enter the disease ahock, or heart for the disease or condition resulting in death)	ea, or complications that cause elliurer tist only one cause on Charmy C	ed the deep oo no each time.  4 Chime  A COMBEOUENCE OF:	c myocano	- 4	Baltines cardiec or respir	more Morest,	Approximete interval Between Oneet and Death		
FICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PERFORMED?  1 YES 2 NO							b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
rsician	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  FXAMINER?  1 SPITAL: 1 Input left 2 ER/Outpet left 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
Hd A8	1 Natural 5 Pendii 2 Accident Investi	tigation	r) INJU	M 1 YES 2	NO	Bd. DESCRIBE HOW IN				
	3 Sulcide 8 Could not be 4 Homicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	(Check only	IO PHYSICIAN: To the best of my kn						(s) and manner as stated.		
- B	D. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF	M. D.	Do	763	ER 2_	29d. DATE SIGNE	14-95		
	J. CROSSAN (	O'DONOVAN, M	D., 211		LK	AVE P.	BITLTO	mD 21227		
<u> </u>	or D1 01995	32. REGISTRAR'S SI	A							

nay be retained by the hospital or attending physician.	. Dage 5 should be detached for use as the burial-transft narmit. Pages 1. 9. 3 should		it be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformer pages 1 2 sexual	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

										9	5	28014
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAI	RTMEN	T OF H	IEALTH DE A	AND	MENTAL HYGIEN			
	1. OECEDENT'S NAME (First, Middle, Last) Virginia	Drned		<u>JEIIIII</u>	IOAII	-	Drue	_	2. DATE OF DEATH	<i>B</i>	95	S. TIME OF DESTH
	4. SOCIAL SECURITY NUMBER  217-26-2792  96. FACILITY NAME (If not Institution, give	5. SEX 1 M 2 K F	1 □ M 2 1 F 64 YRS.				# UNDER	MIN.	Feb. 22, 1		Coun	Marylan
DIRECTOR	Carroll Count	y Gener	al Ho	<del>-</del>		We			ster		Car.	roll Co.
	Md .	Carrol1	-	10c. CF	ry, town (				ykesville			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	7640 Schoolhou	se Road					, ZIP COD	21	1784		US.	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2			If yes, sp	ENDENT Cooking Cubic	ın, Mexica	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	s or No—	14. RAC Blac Spe	CE — American Indian, ck, White, etc. city: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7th  College (1-4 or 5+)			Give kind of the Do NOT u	work done ise retired.)	during mo	ON st of worldi	ng	16b. KIND OF BUSINESS/INDUSTRY			
BE CON												
2												
	137 Burlei 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE Life		cametery.	CE AND DATE Crematory or C 1 y H i	ther place)	eme	ter	SS OF FA	/12/95 E	BAlt	imr	oe MD.
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	complications the	caused the see on each fi	9.	not enter	00	Mace de of dy	e At	re. Balti	mor	e M	
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							2040				
PHYSICIAN: MEDICAL CER	PART II. Other aignificant conditions contributing to death but not resulting if the underlying cause given in Part I.  24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES TO NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X											
HYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	POSPITAL:	26. Pt. ER/Outpatient	3 DOA	OTHER	ti.	5 C He	ERTAIN	8 Other (Specify) 284. DESCRIBE FOW II	HINN DO	CHIEFE.	1 1
B	t Natural 5 Pending Imvestigation  Accident 6 Could not be determined	SRAT 2 28s. FLACE O building,	HULLERY ALL	11.0	OP M	⊥ WO	ES 2)	\$40	SOUNCE A	100	IN.	trackup
COMPLETED	CENTIFIER CENTERYING PHYSI	CIAN: To the best of	my knowledge,	death occurr	ed at the ti	ime, date pinion, de	end place,	, end due red et the	to the cause(s) end man	oner ea sta	ted. ne cause(	e) and manner so stated.

finitiding, of foodily)  HONE  The finite of foodily)	7640 School was

	The state of the s		The same and the s
25s. CERTIF	CENTE YING PHYSICIAN: To the best of my knowledge, death occurred at the time, date or		
and desired	1 CHILL YING PHYSICIAN: To the heat of my knowledge death account at the time date.		
(C/year-e	This service is the best of thy knowledge, death occurred at the time, date er	id place, and due to the cause(s)	and manner ea stated.
office)	** Control of the case of examination end/or investigation, in my opinion, deat		
-	I W DICAL EXAMINER On the nexts of examination and/or immediation in my nation, desired	46	
	and the state of examination endor investigation, in my opinion, dear	in occurred at the time, date and p	lace, and due to the cause(e) and manner

	/ / / / /	ne ours or examination end/or	investigation, in my opinion, d	eath occured at the time, d	late and place, and	due to the cause(e) and manner ee state
_	AND THE OF CERTIFIER	new MS		No. LICENSE MUMBER		29d, DATE SIGNED (Month, Day, Year)

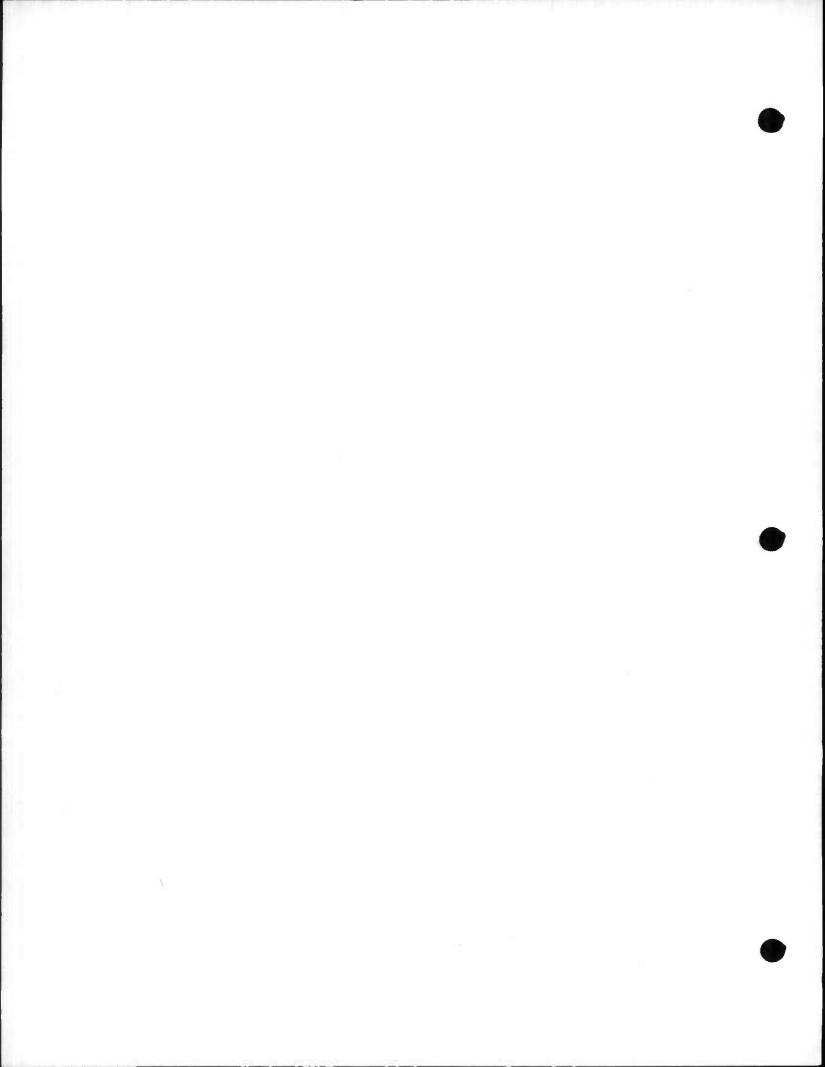
1. (	AME, AN	DADDRASS	OF RERSON	WIND COMPLETED	CAUGE OF DEATH (ITE	M 270 (Time Print)
			1		motor or Marin live	Topo, rinit
۲			1 10111	Mache	= V1 1/2	( mor/ I al

31. DATE FILED (Morith, Day, Year) SEP 1 8 1995 32. REGISTRAR'S SIGNATURE

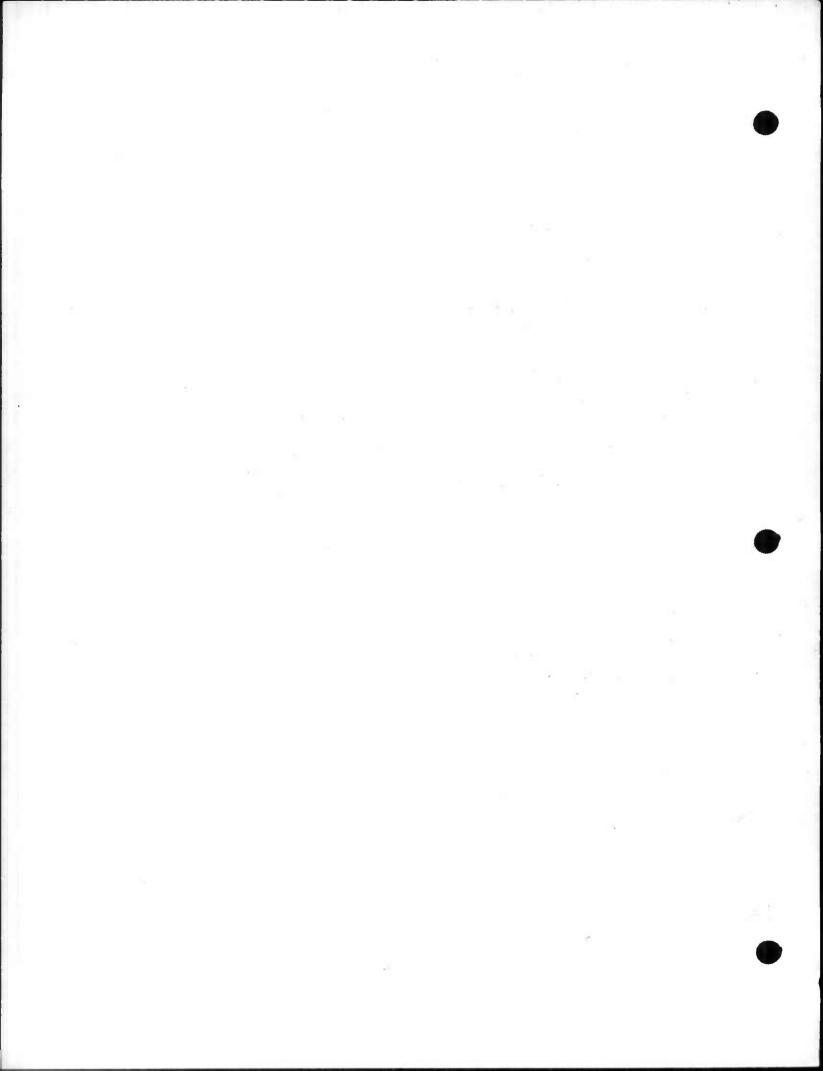
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		FOR STATE REGISTRAR	STATE OF MARYL	AND /	ERTIFI	MENT OF		MENTAL HYGIEN				
		DECEDENT'S NAME (First, Middle, Last)     A SOCIAL SECURITY NUMBER	7 00	seph	Antho	AZI	TON	2. DATE OF DEATH MONTH	3 19	year 3. TIME OF DEATH		
	DIRECTOR	218-26-134-1	1 × M 2 □ F 6	9	-	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)		New York		
		98. FACILITY NAME (If not institution, give s  HARBOR HOS  RESIDENCE OF DECEDENT	P CEN	TE	1R	96. CITY, TOWN	OR LOCATION OF D	MORE	N/A	TY OF DEATH		
		10s. STATE 10b. COUNTY	timore				10c. CITY, TOWN OR LOCATION Baltimore			10d. INSIDE CITY LIMITS? 1 YES 27 NO		
	FUNERAL	100. STREET AND NUMBER 3248 Magnolia A	venue	venue			1. ZIP CODE 21227		EN OF WHAT COUNTRY?			
	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR DO WORLD WAT		If yes, s	CENDENT OF HISPA pecify Cuben, Mexico 3 2 NO Specific	NIC ORIOIN? (Specify Yean, Puerto Rican, etc.)  y:	4. RACE — American Indian, Black, White, etc. Specify: White				
	LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	live kind of wo . Do NOT use		ON ost of working	16b, KIND OF BU					
at once.	COMPLET	12th 17. FATHER'S NAME (First, Middle, Last)	illiam Fall	nauffe	eur		Trucki					
notified	TO BE	19a. INFORMANT'S NAME (Type/Print)  Joan L. Fallon	IIIIam raii	19b. MAIL			Jessie Eckert  DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
must be		20a. METHOD OF DISPOSITION  1 □ Burdel 2 元 Cremetton 3 □ Removal from State  20b. PLACE AND DATE FOR POSITION (Name of Cample										
ıí. examiner		21. SIONATURE OF FUNERAL SERVICE LICENSÉE  22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225										
Mental Hygiene prior to burial, cremation, or removal jury, or other traumatic event, the medical or	WEDICAL CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, shock, or heart feiture. List only one cause on each lins.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
of Health and shows any in		PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  CORPONARY ATERY DISEASE; MI; COPD  1 YES 2 NO  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO  1 YES 2 NO  1 YES 2 NO										
State (	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  26. PLACE OF DEATN (Check only one)  OTHER:  1  Nursing Nome 5 Rasidence 8 Other (Specify)										
death with the	/ PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK?								
after d	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide datermined	28s. PLACE OF INJURY building, atc. (Spec	l me, farm, str			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
2 =	COMPLE		CIAN: To the best of my knowl 3: On the besis of exemination							i. cause(s) and manner as stated.		
be filed within IMPORTANT:	TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER LAND MA 296. LICENSE NUMBER 29d. DATE SIGNED (Month).  Quelland MA D28988 N9-13-										
		Barbor Hosp Center 3001 South Hanover St. Balt. Md 21										
		SEP 1 8 935	32 REGISTRAR'S SIGNA	LURE	-,/10	-						



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Description

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN		<u> </u>	_,,,,,,,	OAIL	. 01	DEM	111		REG. NO.						
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH DAY YEAR 3. TH				3. TIME OF DEATH				
	Robert	Alex	Alexander			Gourlay			Sept. 16 199							
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.		t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHP Country)		HPLACE (State or Foreign			
DIRECTOR	216-03-5445	1 🔀 M 2 🗌 F	M ² □ F 75		MUNTHS	DAYS	HOUNS	mare.		28, 19	920		ryland			
	9e. FACILITY NAME (If not institution, give at		9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH							
	Memorial Hospita		Easton						Т	Talbot						
	RESIDENCE OF DECEDENT	7							_							
R	10e. STATE 10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?			
		een Annes		Chester								1 YES 2 NO				
₹ I	10e. STREET AND NUMBER				101					10g. CIT	10g. CITIZEN OF WHAT COUNTRY?					
與川	1337 Queen Anne	Drive						1619				US	A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED 13. WAS DECENDENT OF 10 If yes, specify Cuban.				HISPANIC ORIGIN? (Specify Yes or No-				14. RACE — American Indian, Black, White, etc.				
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 TYES 2 NO Sc							Spec	Specify: White						
	1 WMII															
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	live kind of v	work done o	CUPATIO	ON st of working	ng	16b. K	ND OF BUS	INESS/INI	DUSTRY				
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)		life. Do NOT use retir						Episcopal Chu			1			
M	12	5+	Ep	Episcopa			al Priest				*	Chur	cn			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							ME (First, Mid		Surname)						
BE	Robert Gourlay								ie B							
2	19s. INFORMANT'S NAME (Type/Print)								Route Number,							
-	Hugh Gourlay		1	.6 Wh	ips ]	Lane	, Ba	ltim	nore,							
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo	ovel from State	20b. PLACE.			ITION (Na	me of		19	20c. LO	CATION	- City or T	fown, State			
	4 Donetion 5 Other (Specify)	ey V	alley				S. Sep	t Ti	moni	um,	Maryland					
	21. SIGNATIONS OF PLINERAL SERVICE LIC		22. NAME AND ADDRESS OF FACILITY													
	Bryan W. Cla	,	Lemmon Funeral Home 10 W. Padonia Road, Timonium, MD 21093													
			caused the de	eth. Do r	not enter								Approximate			
	23. PART I. Enfer the diseases, or complications that clusted the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, adoption and part failure. List only one cause has all line.  IMMEDIATE CAUSE (Pinel disease or condition resulting in death)  Due to (or as a consequence of):															
	DUE TO (OR AS A CONSEQUENCE OF):															
Z	Sequentially flat conditions,	b.	00 40 4 00405	OUTNOT O		_										
Ě	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING															
CERTIFICATION	CAUSE (Disease or Injury	c. DUE TO	OR AS A CONSE	OUENCE O	n:											
E	that initiated events resulting in death) LAST				. ,,											
第		d														
ايا	PART ii. Other eignificant condition	a contributing to	deeth but not	reculting	In the un	derlyln	g cauee	given in	Part i. 2	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL							PERFORMED?  1 □ YES 2 💢 NO			COMPLETION OF CAUSE OF DEATH?						
								- 22			1 TYES 2 NO					
2	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN															
A	25. WAS CASE REFERRED TO MEDICAL			CE OF DEA			2 0111									
<u>S</u>	EXAMINER?	3 DOA 4 Nursing Home 5 Resider					2 C Other (Darwick)									
PHYSICIAN:	27. MANNER OF DEATH	INJURY				ome 5 Residence 8 Other NJURY AT 28d. DES										
	199 Natural 5 Pending		JURY	RY WO		YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED								
BY	2 Accident Investigation	ome, farm,	street fast				201 LOCATION (701			I Dougla Number						
	3 Suicide 8 Could not be 4 Homicide determined	onne, ranni,	orrest, test	ory, orne			281. LOCATION (Street end Number or Rural Floute Number, City or Town, Stete)				Plotte Humbel,					
COMPLETED						_		_			_	_				
립	Crieck Only	ICIAN: To the best of	my knowledge, d	eath occur	red at the t	ime, date	end place	e, end du	e to the cause	e(s) end mar	nner ee st	sted.				
0	one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) and manner as stated.															
	29b. SIONATURE AND TITLE OF CERTIFIE			29c. LICENSE NU						TE SIGNE	D (Month, Day, Year)					
BE	S974				D-46020			× 9/16/95:								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)															
	S.I. ALI M	D 506	(dewil	d Am	e Ea	sto	u									
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	R'S SIGNATURE								-	=	-			
	SEP1 81995 A	S. J. A L 1 MD 506 (dle wild Are Easton  SEP 1 8 1995 July Dischards Signature  SEP 1 8 1995 July Dischards Signature														

• - w.,

ITEMS: 23 PART I, 27, PER MEO FILM G-728 10/2/95 t.t

			1 - STATE REGISTRAR	STATE OF N	MARYL	AND / DEPA					MENTAL HYG REG.	3117			
•			1. OECEDENT'S NAME (First, Middle, Last) LYNDA	GAYLE	(	GARDNEF	2				SEPT.	1 <b>4</b> , 19	9 <b>5</b> AR	3. TIME OF 0	
			4. SOCIAL SECURITY NUMBER 214 48 9206	5. SEX	6. AGE	(In yrs. lest birthday	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF BIFTTY (Month, Day, Yes	Mr)	Countr		or Foreign
	should	~	9a. FACILITY NAME (If not institution, give s	,			9b. CIT	, TOWN C	OR LOCATION	ON OF DEA	April		H 6 IV		
	1, 2, 3	СТОВ	1717 PRISCILIA RESIDENCE OF DECEDENT	DRIVE				SII	VER	SPR	ING		TNOM	GOMER	RY
	if. Pages	DIRE	MD. STATE 10b. COUNT MONT	GOMERY			TY, TOWN			NG				10d. INSIDE C LIMITS? 1 YES 2	
	physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 1717 PRISCILIA	DRIVE					2090			10g, CIT	U.S	WHAT COUNTR	Υ?
5-0020	the	BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 (NO		If yes, sp	ecify Cube	F HISPANI n, Mexican Specify:	C ORIGIN? (Specif , Puerto Ricen, etc	y Yes or No—	14. RACE Black Specif	E — American I k, White, etc.	
21	tal or attend	COMPLETED	18. DECEDENT'S EDU (Specify only highest grack Elementary/Secondary (0-12)	College (1-4 or 5 -	+)	16a. DECEDENT (Give kind o life. Do NOT	work done use retired.)	during mo	ON st of workin	g		BUSINESS/IN			
AND	the hospital or detached for u	OMP	17. FATHER'S NAME (First, Middle, Land)	4	_	ACCOUN	TANT		18 MOTI	JED'S NAM	E (First, Middle, Ma	CCOUNT	ring	i	
=	के दे दे	BE C		RDNER					io. morr	EVE:			YLOR		
MA	be retained ge 5 should a notified	10	THOMAS GARDNER			19b. MAJLIN			nd Number		oute Number, City or	Town, State, Zip	Code)		
ORE,	6 may be ctor, page nust be		206 METHOD OF DISPOSITION  1-5 Bures 2 Cremation 3 Fem  4 Denetical 5 Other (Specify)	oval froor State		PLACE AND DATE					1	LOCATION —			
SALTIMOR	ter death. Page 6 may be the funeral director, page and.  If examiner must be r		21. SIGNATURE OF PUNISHAL SERVICE LIC	PHISE	X	2 0	^{22.} T	AKO.	MA F	S OF FACE	EPT. 18 RAI HOM HINGTOM	ME INC	25	4 CAR	
, P.O. BOX 68760  Back certificate be executed within 24 hours after	writin 24 nours at pletely filled in by cremation, or rement, the medical		23. PART I. Enter the diseases, of shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	MITRAL I	NSUFF	TICIENCY E	ue To	the mo	de of dyl	ng, such	ss cardiac or n	espiratory sr	rest,	Approx	imsts I Between and Death
	in certificate be execute ending physician and c i Hygiene prior to burian or other traumatic	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE DF):  DUE TO (OR AS A CONSEQUENCE OF):  d.													
ORD	signed by the fealth and we any in	MEDICAL	PART II. Other significent condition	s contributing to	death b	ut not resulting	In the ur	iderlying	ceuse g	lven in P	PE	S AN AUTOPSY FORMED? S 2 NO	24b.	WERE AUTOPS AMILABLE PRI COMPLETION C OF DEAM?	Off TO
	S to	N.	DID TOBACCO USE CONTI	RIBUTE TO CA	USE O	F DEATH Y	ES 🗆	ио \ <u>Б</u>	UNC	ERTAIN	_			YES 2	□ NO
TA	ate ate	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL:		26. PLACE DF DE	OTHE	₹:		N2.000 T 1111					
OF V	the the	PHYS	27, MANNER OF OEATH	1 Inpatient 2 I	INJURY	28b. Ti		28c. INJI	URY AT		Other (Specify) 28d. DESCRIBE HO	W INJURY OC	CURED		
NC		B	1 Netural 5 Pending 2 Accident Investigation			— At home, farm	М	1 🗌 Y	'ES 2 [	-					
DIVISION	28 L	ETED	3 Suicide 8 Could not be detarmined	building,	etc. (Spec	— At nome, term.	street, fact	ory, omice	,		28f. LOCATION (St. City or Town, S		or Runal A	oute Number,	
٥	Z Z Z =	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of ax										) and manner a	s steted.
-	TO THE FUNER De filed within	8	296. NGNATURE AND TITLE OF CERTIFIER	Walt	11					NSE NUMB			E SIGNED	(Month, Day, Ye	1995
=1	0 =	2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	SE OF DE	ATH (ITEM 27) (Typ	o, Print) 1 St:	reet	., В	alti	more,				
			31. ONTE FILED (MONTH) 1995	32 DEGISTRAI	R'S GN	June				-					

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DIVISION OF VITAL RECORDS, P.O. BOX 68769

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TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

	, 2	
	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 within 72 hours after death with the State Destrior Health and Mental Hyriene prior to burial cremation or neuronal	
physician.	burial-transit p	
or attending	r use as the	
the hospital	e detached to	-
be retained by	e 5 should b	a polified a
Page 6 may	ul director, pag	ner must h
s after death.	by the funera	diesi exami
rithm 24 hour	Hetely filled in	int the me
be executed v	cian and comport to burial c	aumatic ev
ath certificate	tending physical Hydiene pri	or other t
s that the de	and by the a	any injury
The law require	e has been su	m 23 show
PHYSICIAN: 1	this certificat with the Star	rked or ite
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must he neutrinol at necessity.
HOSPITAL OI	FUNERAL DI	TANT If its

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR WALTER RUSSELL GRAVES SEPTEMBER 1995 4:52 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 225-52-8184 1 X M 2 - F 55 YRS. Feb. 3, 1940 VA 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL N/A BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Howard Columbia 1 TES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5516 Bluecoat Lane 21045 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify: Black YES 2 X NO BY Specify: 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify Social Security Elementary/Secondary (0-12) College (1-4 or 5+) COMPLE Planning Manager Administration 5+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Johnnie Graves Katherine Carrington BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5516 Bluecoat Lane, Columbia, MD 21045 2 Beatrice Graves (Spouse) 20a, METHOD OF DISPOSITION
1 \( \text{N} \) Burlai 2 \( \text{Cremation} \) 3 \( \text{O} \) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE Sept. St. John's Cemetery 5 Other (Specify) 4 Donation 18, 1995 Ellicott City, MD 21. SIGNATORE OF FUNERAL SERVICE ILICENSE 22. NAME AND ADDRESS OF FACILITY Leroy M & Russell C Witzke Funeral Home 5555 Twin Knolls Rd. Columbia, MD 21045 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one/cause on each line. Interval Betwe IMMEDIATE CAUSE (Finel Onset and Death disease or condition 2 YRS IRRHOSIS reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): SCLEROSING HOLANGITIS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 YES 3 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗵 PHYSICIAN: UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only o EXAMINER? HOSPITAL: OTHER: petlant 2 - ER/Outpetlant 3 -4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the heat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL

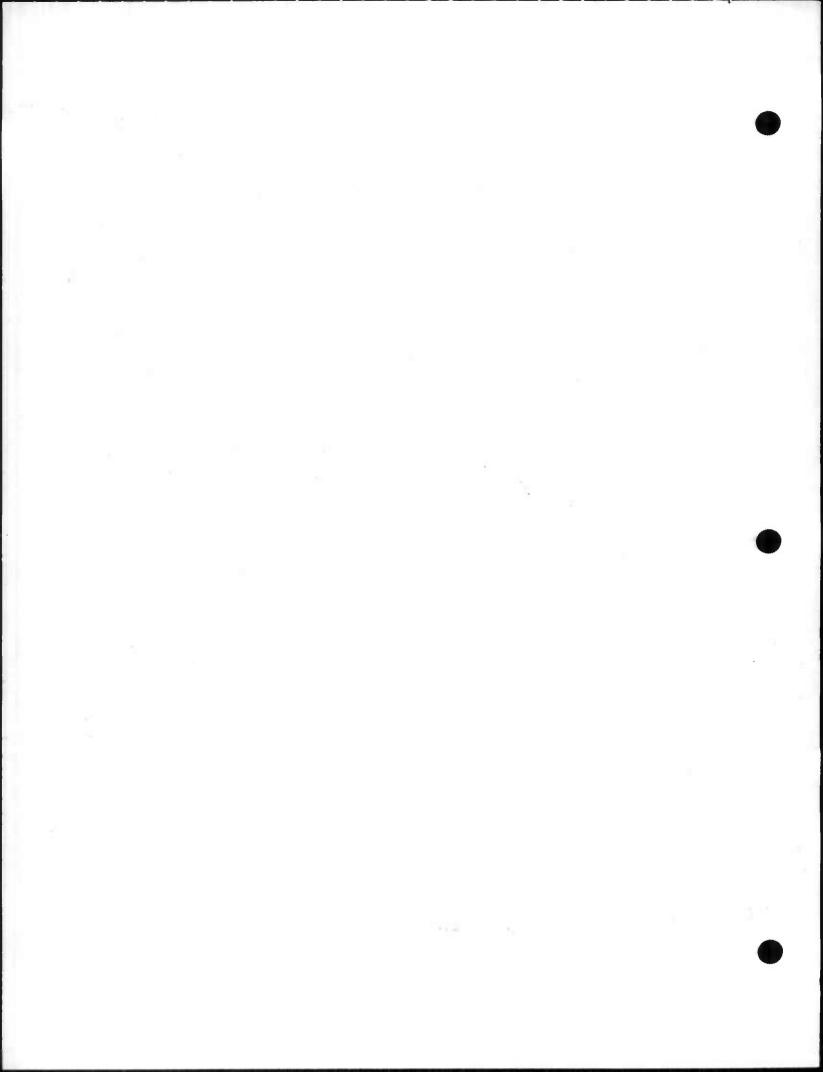
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Sept. 15, 1995 MD M2891

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M. MOORE 600 N WOLFE 31. DATE FILED (Month, Day 1995) SEP1 8

29b. SIGNATURE AND TITLE OF CERTIFIER

um. umaque

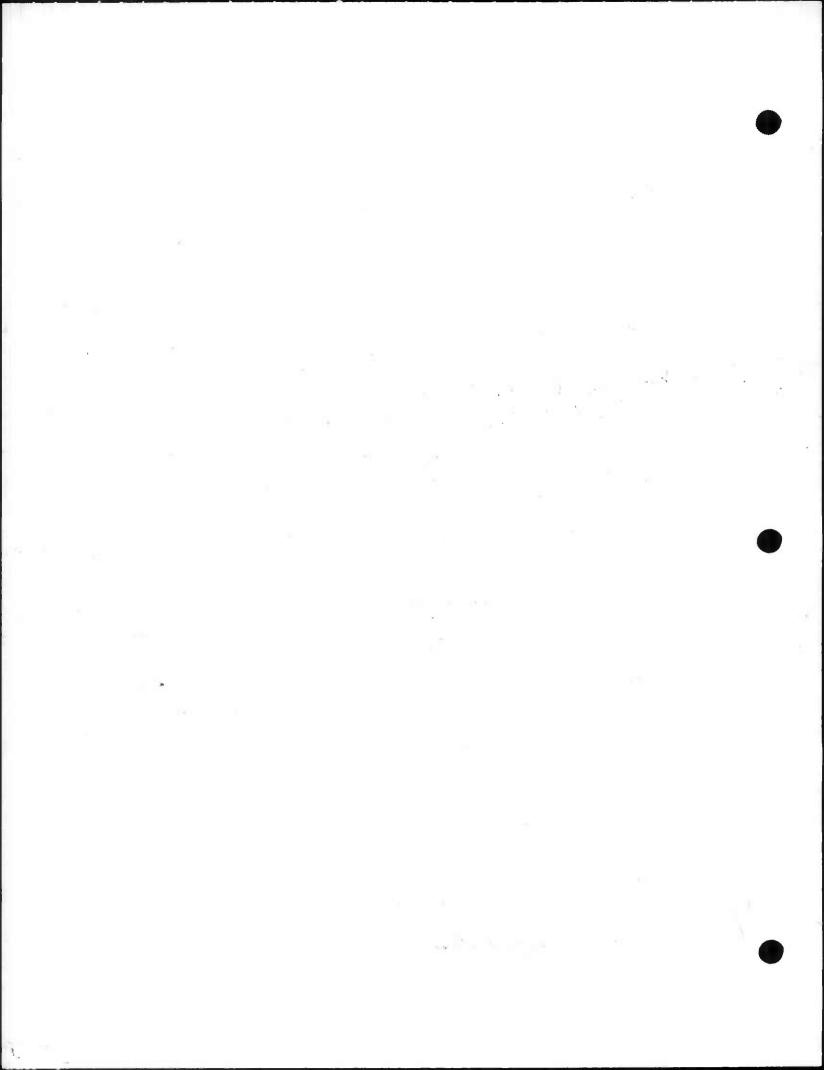


	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)  1. DECEDENT'S NAME (First, Middle, Last)  1. DEVISE AMS HASHIM  2. DATE OF OEATH MONTH  DAY  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  1. DAYS HOURS MIN.  1. DAYS HOURS MIN.  1. DAYS HOURS MIN.  1. DAYS HOURS MIN.  1. DAYS AND COUNTY)  MADVI AND								
ECTOR	90. FACILITY NAME (If not institution, give street and number)  90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  81. CITY N/A  82. COUNTY OF DEATH  83. PRESIDENCE OF DECEDENT								
PIE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 (X) YES 2 □ NO								
FUNERAL	101. ZIP CODE  4705 DELAWARE AVENUE  102. ZIP CODE  21215  103. CITIZEN OF WHAT COUNTRY?  U.S.A.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No								
ED BY FI	1 Never Married 2 X Merried   FORCES? 1 YES 2 NO   If yes, specify Cuban, Mexican, Puarto Rican, etc.) 3 Wildowed 4 Divorced   FYES, GIVE WAR OR DATES   If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 YES 2 X NO Specify:  BLACK								
COMPLETE	15. DECEDENT'S EQUCATION (Specify only highest grade completed)  Elementary/Secondary [0-12) 12th grade  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  NURSE  16b. KIND OF BUSINESS/INDUSTRY  UNKNOWN								
BE CO	17. FATNER'S NAME (First, Middle, Last) CHARLES L. ADAMS, SR.  18. MOTNER'S NAME (First, Middle, Maiden Surname) ELAINE JENKINS  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Paral Route Number City or Young State, Zin Code)								
5	CHARLES L. ADAMS, SR. 3423 Reisterstown Road, Baltimore, Maryland 21215								
	20b. PLACE AND DATE OF DISPOSITION (Name of 1 Name of 1								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Acquired formula formul								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  C.  OUE TO (OR AS A CONSEQUENCE OF):  d.								
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a, WAS AN AUTOPSY PERFORMED?   1 YES 2 NO   1 YES								
PHYSICIAN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL: OTHER:								
ву РНУ	27. MANNER OF DEATN  1 Netural 5 Pending (Month, Day, Year)  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO								
COMPLETED	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, farm, streat, factory, office City or Town, State) 26a. CERTIFIER A Committee Could not be determined 26a. PLACE OF INJURY — At home, farm, streat, factory, office 26a. COLORITOR (Street and Number or Rural Route Number, City or Town, State)								
	CENTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)								
	Wilham D. Mc Connell MD. 500 W. University Bultimore								

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31. DATE FILED (Month, Day, Year) SEP1 81995

		1 - FOR STATE REGISTRAR	TE OF MARYLAND /	DEPARTMENT OF I		MENTAL HYGIEN	E	
		1. DECEDENT'S NAME (First, Middle, Last)  MINNIE	5. HARTZ			2. DATE OF DEATH MONTH DATE	1995	3. TIME OF DEATH A
. Pages 1, 2, 3 should		710 00 70	8. AGE (In yrs. last	VRS. IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	908 ST.	THPLACE (State or Foreign intry) CUALL PA
	СТОВ	9a. FACILITY NAME (If not institution, give street and in  NORTH ARVIDE  RESIDENCE OF DECEMENT	Hosp.	400	OR LOCATION OF DE		9c. COUNTY OF	DEATH - CO
	DIREC	PA 100. COUNTY	7	10c. CITY, TOWN OR LOCAL				10d. INSIDE CITY LIMITS?  1.20 YES 2 \( \cap \) NO
n. ansit permit.	FUNERAL	100. STREET AND NUMBER + AVE	•		1. ZIP CODE 15/08	•	10g. CITIZEN OF	S'. A
-0020 Ing physician. the burial-transit	BY FUR	1 Never Married 2 Married FOR	DECEDENT EVER IN U.S. ARM CES? 1 YES 2 NO ES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPAN secify Cuban, Maxicas 2 NQ Specify		or No— 14. RA Bis Spi	CE — American Indian, ack, Whita, etc.
21215-0 al or attending for use as the	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	) (Giv	EDENT'S USUAL OCCUPATION of kind of work done during mo	ON ost of working	16b. KIND OF BUS		ZITITE
the hospital detached to	COMPL	17. FATHER'S NAME (First, Middle, Last)	21/2010	BUYEL	18. MOTHER'S NAI	ME (First, Middle, Meiden	Surname)	STOKE
MARYL retained by 5 should be	TO BE	19a. INFORMANT'S NAME (Type/Print)	HANER 1965	MAILING ADDRESS (Street I	And Number or Rural R	oute Number, City or Town	CHROI.	EDEL UN 2/122
may be	must be n	20s. MSTROD OF DISPOSITION 1 Paurial 2 Cremation 3 Removal from 4 Donation 6 Other (Specify)	State 20b PLACE AF	ND DATE OF DISPOSITION INVIDENCE OF OTHER PIECES	MARKE (	DATE 20c. LO	DENA CATION — City or	MD - Town, Stata
ALTIMO death. Page 6 funeral directo	examiner	21. SIGNATURE OF SUNERAL SERVICE LICENSEE	Marke		NO ADDRESS OF FAC	1/ 2829	HUDS	CHST.
urs after in by the removal.	medical e	23. PART I. Enter the diseases, or confplica shock, or heart failure, List only	tions that caused the dea	th. Do not enter the mo	de of dying, auch	as cardiac or reapi	ratory arrest,	Approximata Interval Between
vithin 24 ho oletely filled remation, or	event, the n	immediate cause (final disease or condition resulting in death)	ACU & 12.  DUE TO (OR AS A CONSEQU	Spinater	y Fall	lux.		Onset and Death
executed value of and complete to burial, or		Sequentially list conditions, if any, leading to immediate	BUT TO (OR AS A CONSEQU	reg				
ortificate be ng physicial giene prior	y, or other traumatic	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (QR AS A CONSEQU	7 * '				
he death ce the attendir Mental Hy	3	PART II. Other aignificent conditions contrib	uting to death but not re					
1 2 2 E	shows any inj : MEDICAL	Senik Dun	on 1/2 eq	sorting in the underlying	g cause given in i	Part I. 24a. WAS AN PERFOR	MED?	No. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
has the		DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL		H YES NO C	UNCERTAIN			1 YES 2 NO
SICIAN: The certificate	PHYSICIAN:		ITAL: Itlent 2 CERVOutpatient 3 C DATE OF INJURY		e 5 - Hesidence			
5 美语	BY	1 Nifitural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 🗆 1	PRK? YES 2 NQ	28d. DESCRIBE HOW IN		
DR ATTENDING P DIRECTOR: After the	itom 28 is PLETED	4 Homicide determined	PLACE OF INJURY — At hom building, atc. (Specify)			28f. LOCATION (Street a City or Town, State)		Route Number,
388	=   5	(Check only one)  1 CERTIFYING PHYSICIAN: To 11 CONTROL ON 10						(a) and mattner as stated.
TO THE H TO THE FI be filed w	TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	w	up	29c. LICENSE NUM	BER > /	29d. DATE SIQNE	ED (Month, Day, Year)
n	-		TED CAUSE OF DEATH (ITEM	27) (Type, Print)	10 BU	unie.	md	2/00/



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e death certifi	he attending p	Mental Hygien	jury, or othe
at the death certifi	by the attending p	and Mental Hygiers	y injury, or othe
s that the death certifi	ned by the attending p	ith and Mental Hygiens	any injury, or othe
uires that the death certifi	signed by the attending p	Health and Mental Hygiens	ws any injury, or other
requires that the death certifi	been signed by the attending p	of Health and Mental Hygiens	shows any injury, or other
law requires that the death certifi	as been signed by the attending p	Dept. of Health and Mental Hygiens	23 shows any injury, or other
N: The law requires that the death certifi	ricate has been signed by the attending p	State Dept. of Health and Mental Hygiens	item 23 shows any injury, or other
ICIAN: The law requires that the death certifi	ertificate has been signed by the attending p	the State Dept. of Health and Mental Hygiens	or item 23 shows any injury, or other
HYSICIAN: The law requires that the death certifi	his certificate has been signed by the attending p	vith the State Dept. of Health and Mental Hygiens	ed, or item 23 shows any injury, or other
G PHYSICIAN: The law requires that the death certifi	er this certificate has been signed by the attending p	ith with the State Dept. of Health and Mental Hygiens	sarked, or item 23 shows any injury, or other
IDING PHYSICIAN: The law requires that the death certifi	: After this certificate has been signed by the attending p	death with the State Dept. of Health and Mental Hygiens	is marked, or item 23 shows any injury, or other
FTENDING PHYSICIAN: The law requires that the death certifi	TOR: After this certificate has been signed by the attending p	after death with the State Dept. of Health and Mental Hygiers	28 is marked, or item 23 shows any injury, or other
R ATTENDING PHYSICIAN: The law requires that the death certifi	RECTOR: After this certificate has been signed by the attending p	urs after death with the State Dept. of Health and Mental Hygiers	em 28 is marked, or item 23 shows any injury, or other
IL OR ATTENDING PHYSICIAN: The law requires that the death certifi	L DIRECTOR: After this certificate has been signed by the attending p	2 hours after death with the State Dept. of Health and Mental Hygiers	fitem 28 is marked, or item 23 shows any injury, or other
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certifi	ERAL DIRECTOR: After this certificate has been signed by the attending p	in 72 hours after death with the State Dept. of Health and Mental Hygiers	T: if item 28 is marked, or item 23 shows any injury, or other
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifi	FUNERAL DIRECTOR: After this certificate has been signed by the attending p	within 72 hours after death with the State Dept. of Health and Mental Hygiers	TANT: If item 28 is marked, or item 23 shows any injury, or other
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending p	fled within 72 hours after death with the State Dept. of Health and Mental Hygiers	PORTANT: If item 28 is marked, or item 23 shows any injury, or other
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	SIAIF	) / DEPARTMENT OF H CERTIFICATE OF		AL HYGIENE REG. NO.					
:	1. DECEDENT'S NAME (First, Middle, Last)	WINVO	MON		year 3. TIME OF DEATN				
	CARIE 4. SOCIAL SECURITY NUMBER  247-66-6801 1 - M 2 X F 55	KINYO  Last birthday) IF UNDER t YEAR  YRS. MONTHS DAYS	IF UNDER 24 HRS. 7. DAT	FEMBER 15 E OF BIRTH 19th, Day, Year) 1940 PTEMBER 13,	95 6:17 P.M.  BHITINPLACE (State or Foreign Country)  South Carkins				
E E	Se. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 4 10c. CITY, TOWN OR LOCATION 10d. IN								
	Maryland N/A		MORE /	10g, CIT	LIMITS?  1 YES 2 NO  IZEN OF WHAT COUNTRY?				
FUNERAL	2904 GranTLEY	Ave.	21215		U.S.A,				
B	11. MARITAL STATUS  1 Never Merried 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVEN IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, sp	ENDENT OF HISPANIC ORIG ecity Cuben, Mexican, Puerto 2 NO Specify:	iiN? (Specify Yee or No— o Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during mo life. Do NOT use retired.)		Sch oo	LS (Public)				
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (FISH	, Middle, Melden Sumame)	thea				
TO BE	190. INFORMANT'S NAME (Type/Print) Angela S. Milson	196. MAILING ACCRESS (Street of 19-F Matin-	and Number or Rural Route Nu	mber, City or Town, State, Zil					
1	200. METHOD OF DISPOSITION 20b.PLA	ACE AND DATE OF DISPOSITION (New y, crematory or other place)	me of Vet. Di		City or Town, State S miles me.				
	21. BIOMATURE OF PUMERAL SERVICE/CICEMPEE	22. NAME AI	ND ADDRESS OF FACILITY	ce Funer	al Service acto, md. z.				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a	line.			Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. DUE TO (OR AS A CONDITION OF TO (OR A								
AL CI	PART II. Other significent conditions contributing to death but n	not reculting in the underlyin	g ceuee given in Pert i.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDICA	Diabetes Fatty liver			t ∰YES 2 □ NO	COMPLETION DF CAUSE OF DEATH?  1 PYES 2 NO				
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D	PLACE OF DEATH (Check only one)							
SICI	EXAMINER?  1 X YES 2 NO  1 I   Inpetient 2 X ER/Outpetier	OTHER:	ne 5 🗆 Residence 8 🗆 Or	ther (Specify)					
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	INJURY WO	JURY AT 28d. CORK? YES 2 NO	DESCRIBE NOW INJURY OF	CCURED				
		28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)  28f. LOCATION (Street and Number or Rural City or Town, State)			er or Rural Route Number,				
Suitelese 6 Could not be determined building, etc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and my opinion, death occurred at the time, date and place, and due to the cause(a) and my opinion.									
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER		TE SIGNEO (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	O.C.M.E	. SÉP	TEMBER 16,1995				
	David R Fauler 31. Date Filed (Month, Day, Your) 32/AFGISTRAR'S SIGNATUR		reet, Balt	imore, Ma	ryland 21201				
	SEP1 81995 gli Mine	Left.			DHMH-18 Rev 1/89				



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8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify BLACK

YES 2 NO

Approximata

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Interval Between

Onset and Death

Week

MARYLAND

10g. CITIZEN OF WHAT COUNTRY?

95

9c. COUNTY OF DEATH

N/A

U.S.A.

9:40 PM

1. DECEDENT'S NAME (First, Middle, Last)

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2. DATE OF DEATH MONTH Clarence JR 0 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In vrs. last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Aug 12" 1952 XX M 2 T F 43 DAYS HOURS YRS 129-42-7390 use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH UNIVERSITY HOSPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e STATE 10h COUNTY MARYLAND N/A BALTIMORE CITY 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 806 WHITELOCK STREET 21217 Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 21 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried ВУ 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest 10th grade College (1-4 or 5 +) CONSTRUCTION WORKER UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) CLARENCE C. LYDE. MABEL ROBINSON notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DARLENE BAILEY 806 WHITELOCK STREET. BALTIMORE, MARYLAND 21217 Pe 20a, METHOD OF DISPOSITION

1 X Jauriel 2 Cremetion 3 Removal from State DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, °MT" TION" CEMETERY 9/15 BALTIMORE, MARYLAND 4 ☐ Donation 6 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE WILLIAM C. BROWN COMMUNITY F/H ours after death. 1206 W. NORTH AVENUE tour fiffed in by the fittion, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, ahock, or heert fellure. List only one ceuse on each line. cremation, or IMMEDIATE CAUSE (Final the disease or condition Sepsis completely resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed burial, Stage AIDS End CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a rtal Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury 2 certificate other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 the death signed by the atter Health and Mental Injury, the PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY MEDICAL Syndrome PERFORMED? Respiratory Distress that апу 1 - YES 2 NO Shows jo DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: AM. Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State certificate HOSPITAL: OTHER 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 the 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK?
1 YES 2 NO 26e. DATE OF INJURY (Month, Day, Year) 26d. DESCRIBE HOW INJURY OCCURED With marked, this 1 Natural 5 Pending BY After Investigation ATTENDING Accident 25e. PLACE OF INJURY — At home, Ierm, street, lactory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 6 Could not be determined DIRECTOR: A hours after ditem 28 Is COMPLETED 4 Homicide hours Hem OR. 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. TO THE HOSPITAL O
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If 18 (Check only one) MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER herian 38683 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

of Maryland

31. DATE FILED (MS)

HOSP

S. Greene St.

Baltimore

MD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 45 hours after death. Page 6 may be retained by the hospital or attending physician.

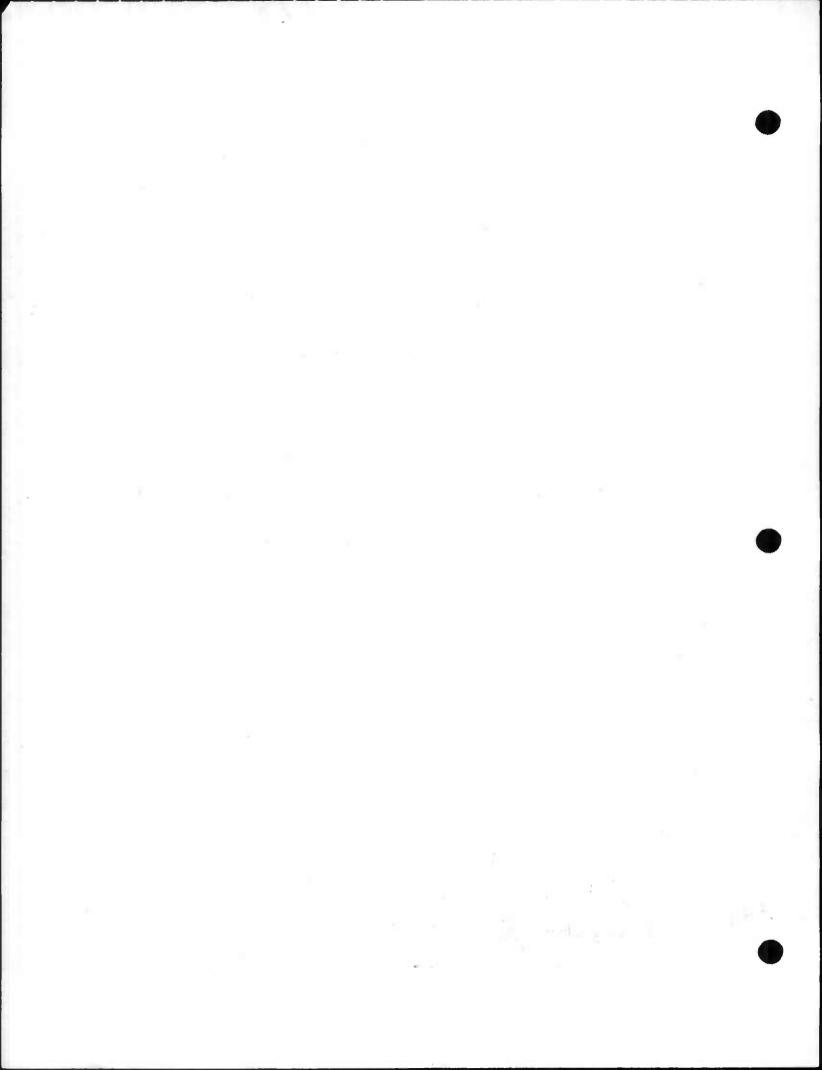
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neitfied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									n	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leat)  Terry Laufen Jr.  2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY YEAR 3. 15 A M												
	Jerry Law			II Jt.				Septemba-15			1495	31154 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	et birthday)	IF UNDER		IF UNDER		7. DATE OF B (Month, Day	IRTH		8. BIRTHPt Country)	ACE (State or Foreign
	220 05 5895	1 XM 2 🗆 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept.		1919		/land
	9a. FACILITY NAME (If not institution, give		9b. CITY,	TOWN	OR LOCATIO	ON OF DE				NTY OF DEA			
DIRECTOR	Veterans Hosp		Ba1	tim	ore				N/i	A			
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	174	Y, TOWN O										
E	Maryland Anne Arundel											1	Od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	I K.	rvier				YES 2 X NO						
FUNERAL	8426 Garden Ro			10f. ZIP CODE 10g. CITIZEN OF WHAT (									
N.						21122				J.S.A.			
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. AR		13. V	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACI If yes, specify Cuban, Maxican, Puerto Rican, etc.)				14. RACE - Black, V	- American Indian, White, etc.		
BY	3 Widowed 4 Divorced		MAR OR DATES		1	☐ YES	2 X NO	Spec#y	r	, ,		Specify:	
8	15. DECEDENT'S ED	World World		CEDENTIO	USUAL OC	CLIBATI	DN		40. 20.0	05 0440	INESS/INI		White
	(Specify only highest grad Elementary/Secondary (0-12)	le completed)	(G	ive kind of Do NOT u	work done d	uring mo	est of working	g	100. KINI	OF BUS	INESS/INI	DUSTRY	
<u>-</u>	12th	College (1-4 or 5		v. F	ender	2	Paint	ina	Mo	l Ro	viv 8	Fend	ior
COMPLET	17. FATHER'S NAME (First, Middle, Last)		1500	11 20	- III		_		ME (First, Middle			x renc	ICI
	, ., ., ., .,	Jeremiah	Lawton	Sr.			10, 110111	Maı		-	sumame)		
H	19a. INFORMANT'S NAME (Type/Print)	0010111111			ADDRESS	(Ctmat a	and Alcombas		Route Number, Cl				
2	Gertrude Lawto	n											and 21122
	20a. METHOD OF DISPOSITION		20b. PLACE					11				City or Town	
	1 Donation 5 Other (Specify)	moval from State	comoton, or		46				1				
- 1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	-   Metr	O CLE	22. N	LY,	ADDRES	S OF FA	9/18	Ba.	Ltimo	ore, N	Maryland
- 1	<b>&gt;</b> 0	-		1					ce Fune	eral	Hom	e P.A	
	prome	Joans	roust	4	40	001	Ritch	nie i	Hwv. I	Balt.	imor	e. Md	21225
	23. PART . Enter the diseasea, or ahock, or heart failure	I let only one on	at caused the de	eath. Do i	not enter t	the mo	de of dyir	ng, aucl	h aa cardlac d	or reapli	atory an	reat,	Approximata
	IMMEDIATE CAUSE (Final	. Liet Drily Dria Ca	use on each line	i.									Interval Between Onset and Death
	disease or condition resulting in death)	· Max	Muccardial Infarction						31 hours				
1		DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions,	b											
Ĕ	If any, leading to immediate	OUE TO	(OR AS A CONSEC	DUENCE O	F):								
CERTIFICATION	CAUSE (Disease or Injury	c											
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
50		d											
- 11	PART II. Other algnificant condition	na contributing to	death but not r	reauiting	In the unc	derlying	g cause g	lven in	Part I. 24a.	WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL	Renal Failure P	MOXIC F	ne oha!	two	the i					PERFORI		A	MILABLE PRIOR TO DMPLETION OF CAUSE
요		THE COLUMN	The property	John.					—   ¹ □	YES 2.	E/40	0	F DEATH?
- 10	DID TOBACCO USE CON	PIRLITE TO CA	HISE OF DEA	TLI VI	с П »	10 E	LINC	ERTAIN				1	□ YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T TO CA			TH (Check or		ONCE	CKIAII	4 LJ				
읈	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER	:	1 0 2	.7=-					
Ħ	27. MANNER OF DEATH	26e. DATE OF	INJURY	28b. TIM		ng nom 28c. INJ		Haenca	6 Other (Spe 28d, OESCRIBI		JURY OC	CUREO	
	1 Natural 5 Pending	(Month, E	Day, Year)	INJ	URY	WO	NJURY AT 28d. OEŞCRIBE HOTORK?						
B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	OF INJURY — At ho	me, ferm, :	street, facto				281. LOCATION (Street and Number or Rural Route Number,			e Number	
COMPLETED	4 Homicide determined	building	atc. (Specify)					- 1	City or Tow	n, State)			
	29a. CERTIFIER 1 1 CERTIFYING PHYS	SICIAN: To the heat of	mu knowledne de	ath continu							and sealer		
N N	(Check only one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN												
8					и, иг ту ор	111011, 0				Hace, and	dua 10 Tr	e cause(a) a	nd menner as stated,
W	296. SIGNATURE AND TITLE OF CERTIFIE	in A					29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED (M	onth, Day, Year)
2	20 NAME AND ADDRESS OF THE PARTY OF THE PART	MKD					MK	0+	4+		X	rt. 15	1495
	30. NAME AND ADDRESS OF PERSON W	Madia	SE OF DEATH (ITE	M 27) (Type,		1.0	rree	. 0	+ R	the	m	MΛ	21201
	31. DATE FILED (Month, Day, Year)	32. ASGISTO	AR'S SIGNATURE	)	101	N.	1150	$\Delta$	3.1	1100	VOIG.	1,17	8120
(1	SEP 1 8 1995	yalla di iluicu	or randall										



YEAR

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF	

1995 Sept 14, A Catherine Linton 5:00 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Dec. 29, IF UNDER t YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 - F 82 1912 220-24-4692 Virginia permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Grenada Nursing Home n/a Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 - NO Maryland Baltimore FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE as the burial-transit 3918 Edgewood Road 21215 USA 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2X Married Specify: BY 3 Widowed 4 Divorced Black ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high (Give kind of work done ille. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for COMPL College Dietician Baltimore City Schools once. 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 75 Willie Williams Catherine notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 3918 Edgewood Road William Linton, Sr. Baltimore, Maryland 21215 after death. Page 6 may be be DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must funeral director, 18 Maryland Nat'l Memorial Park Laurel, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc Kollen 2501 Gwynns Falls Parkway Days Baltimore, Maryland 21216 the medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock or hear fellure. List only one ceuse on each line. filled in by WILL A hours interval Between IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition DUE TO (OH AS A CONSEQUENCE OF): susperies 5 mmes completely resulting in death) other traumatic event, executed burial, 10428 hoom - dusouse Athoniscionche
DUE TO YOR AS A CONSEQUENCE OF): CERTIFICATION and Sequentially list conditions, Hygiene prior to If any, leeding to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to 545 Contestre her heam CAUSE (Disease or injury that initiated events 515 resulting in death) LAST Chrmie atrial Fibrillation 6 Injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL Health and AVAILABLE PRIOR TO shows any Caretra rascular accident Dementia COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 TO peen 0 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☐ PHYSICIAN: Dept. MP 23 has 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h Hem HOSPITAL . 1 YES 2 D NO OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA OR ATTENDING PHYSICIAN: 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident After after death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) FUNERAL DIRECTOR: AT within 72 hours after de RTANT: If Itom 28 is 1 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) .00 ETED. 6 Could not be 4 Homicide 29a. CERTIFIER 1 Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. MPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THE H 11/00 030494 9/14/95 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 4660 wilkens Are Balhmare MM 01229 Jalia Streetson Contract

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MARYLAND 21215-0020	death. Pane 6 may be retained by the hospital or attending placing
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BALTIMORE,	Pane 6 may be
BALT	after death
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BOX 68760	ate be executed within
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OF VI	TTENDING PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING
5	TA AC IV
_	HE HOSPITAL
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irs after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou removal.	edical examiner must be notified at once.	TO RE COMPLETED BY CLINEDAL DIDECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.	. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

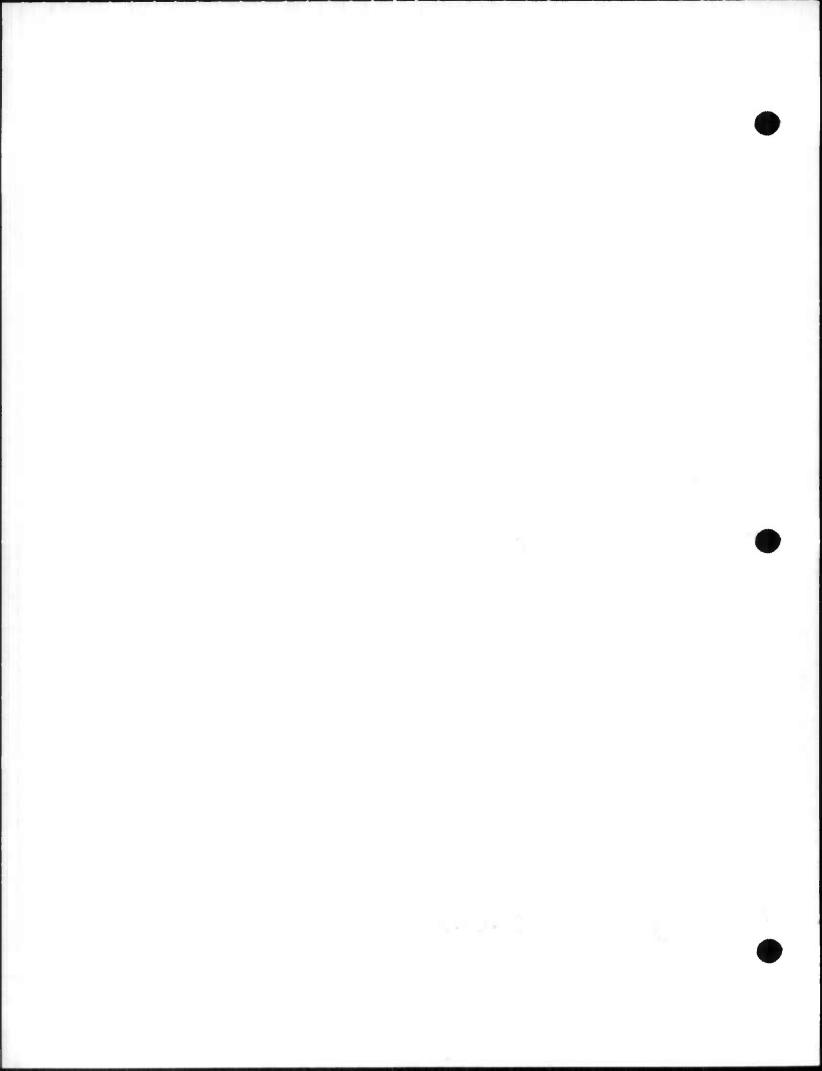
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTA	L HYGIEN	E			
N. A. S.	1. DECEDENT'S NAME (First, Middle, Last)  NATHANLEL	- MELV			2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH OF DEATH OF THE ARROWN IN THE						
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	SEPTEMBER  7. DATE OF BIRTIN			1995	7:35 PM	
H	218-36-6963 9s. FACILITY NAME (If not institution, give s	1 X M 2 D F	ONTHS DAYS	HOURS MIN.	AUG	h. Day, Year)	939	MAR	YLAND		
OR	ST. AGNES HOSPITA		6. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE					9c. COUNTY OF DEATN N/A			
DIRECTO	10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION				104	INSIDE CITY	
	MARYLAND NA	/A	BA	ALTIMORI				1 X YES 2			
FUNERAL	4302 DANA STREET			101	21229					1120/01/20	
	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC OBIGII	17 (Specify Yea			TATES	
BYF	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 X YES  IF YES, GIVE WAR OR D  1962 - 196	2 NO	If yes, sp	cify Cubsn, Maxico 2 XNO Speci	en, Puerto	Rican, etc.)		or No.— 14. RACE — American Indian, Black, White, atc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done durina mo	N st of working	168	. KIND OF BUS	SINESS/INDUS		ANION	
2	11	College (1-4 or 5+)	CREV		WAI	REHOUS	E				
5	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First,					
DE C	NATHANIEL MELVIN,	SR.			LESSIE	HARI	ELL				
5	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Num	ber, City or Tow	n, Stata, Zip Co	ode)		
-	MILDRED MELVIN		4302 I	DANA STI	EET, BA	LTIM	RE, MAI	RYLAND	212	29	
	20s. METHOD OF DISPOSITION  1 X Burist 2 Cremation 3 Rem 4 Donation 5 Joiner (Specify)		D. PLACE AND DATE OF DESCRIPTION OF OTHER DESCRIPTION OF THE PARK			DAT		CATION — CH			
	21. SIGNATURE OF FURERAL SERVICE LIC		JUDON PAKK		D ADDRESS OF FA	16/95	) BA	LTIMO	RE, M	ARYLAND	
-	· 1/21/5	P.		LOUDO	N PARK	FUNEI					
$\dashv$	23. PART I. Enter the diseases, or other than the second of the second o	complications that cause	d the deeth. Do no	3620	WILKENS	AVE	UE, BA	LTIMO	RE, M	D 21229 Approximate	
	ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. META	STATIC					atory arres	,   	Interval Between Onset and Death	
ALION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
A I II I CA	CAUSE (Disease or injury thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF):										
3	d.										
3	PART II. Other algnificant condition	e contributing to deeth b	out not resulting in	the underlying	PERFO			PRMED? AMILABI		E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE	
NED.					T TES 2 O NO		OF D	EATH?			
AN.	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	F DEATH YES		UNCERTAI			1 TES 2 NO			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:	26. PLACE OF DEATH			1					
2	1 TES 2 NO	1V Inpatient 2 ER/Outp		OTHER:	5 🗆 Rssidence	8 🗆 Othe	r (Specify)				
	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Yesr)	28b. TIME (	YY WO	RK?	28d. DE	CRIBE HOW II	JURY OCCUP	RED		
5	2 Accident Investigation	28s. PLACE OF INJURY	- At home term etc		ES 2 NO	201 1 00	171011 101				
	4 Homicide 8 Could not be determined	building, atc. (Spec	cify)	out, tactory, office		City	ATION (Street a or Town, State)	na Number or	Murai Houte i	Numoer,	
		CIAN: To the best of my know							euse(s) snd	manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			29d. DATE S			
	30. NAMÉ AND ADDRESS OF PERSON WIN	agure 1	M		D443	03		Sec	Hemb	W13,1995	
	ANN M. MAGO	RE, ST.A	NES H	OSPITAL	CATO	NA	JE, F	BALT	MI	)	
1	SEP1 81995	This was the	AE.		,				1		

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAH		CERTI					IEG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
	Felicia Yvette		Moore					September 11, 1995 5:00										
	4. SOCIAL SECURITY NUMBER 5. S		E (In yrs. last birthday			UNDER 24 HRS.	7. DATE OF I	BIRTH N. Venc)	8. BIRT	HPLACE (State or Foreign								
	233-23-4100	M 2 X F	33 YRS. MONTHS DAYS HOURS				June	25 19		rth Carolina								
~	9a. FACILITY NAME (If not institution, give street ar	nd number)		9b. CITY,	TOWN OR LO	CATION OF D	EATH	.94	c. COUNTY OF									
DIRECTOR	Holy Cross Hospital	L		Silver Springs Mon						omery								
EG	RESIDENCE OF DECEDENT																	
E C	Maryland Ann Aru	ındəl								10d. INSIDE CITY LIMITS?								
	10a. STREET AND NUMBER	ilder	Jessup 101. ZIP CODE			CODE			- 0/7/700/ 00	1 X YES 2 NO								
FUNERAL	8332 Pleasant Chase	Dond			1000	17.		10g. CITIZEN OF WHAT CO										
N.			20794					USA										
	1 Never Married 2 X Married	MAS DECEDENT EVER FORCES? 1 X YE F YES, GIVE WAR OR	S 2 NO	11	13. WAS DECENDENT OF HISPANIC ORIG II yes, specify Cuban, Maxican, Puerto			pecify Yes or i	Blee	E — American Indian, ck, White, etc.								
BY	3 Widowed 4 Divorced		DATES	'	YES 2 L	NO Specif	у:		Spe									
6	15. DECEDENT'S EDUCATION (Specify only highest grade comple	N_	16s. DECEDENT	S USUAL OC	CUPATION		16b. KIN	D OF BUSINE	SS/INDUSTRY	Black								
Ē		lege (1-4 or 5 +)	(Give kind o	work done duse retired.)	during most of	working												
API	Col1	Lege 4	Medic	al Sai	les Re	q	Bri	stol 1	Mevers	Squibb Co								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middl			50,000								
BE (	Willie Mayhand					Corrir	ne Moor	e										
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS			Route Number, (		ate, Zip Code)									
F	Morris Moore, Jr.		8332	Pleasa	ant Ch	ase Ro	oad	Jessu	o, Mar	yland 20794								
	209 METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Removal for		Ob. PLACE AND DATE	OF DISPOSI			SAME	20c. LOCATI	ON — City or T	own, Stata								
	4 Donation 5 Other (Specify)		emetery, crematory or Meadow Ri	dae C	emete:	rv	1 15	Elkri	dae. M	[arvland								
	Meadow Ridge Cemetery 15 Elkridge, Maryland  22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc 2501 Gwynns Falls Parkway																	
	► Many &. F	oller																
_	Baltimore, Maryland 21216  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,   Approximate																	
- 4	shock, or heart failure. List only one cause on each line.  Approximata interval Between																	
	IMMEDIATE CAUSE (Fins) disease or condition resulting in death)  Sequentially list conditions,  DISSEMINATED INTRAVASCULAR CNASULATION HRS  OUE TO (OR AS A CONSEQUENCE OF):  STREPTO COCCAL PNEUMONIAE SERSIS HRS																	
- 1	resulting in death) s	DISSELL	INHIE	0 11	NTRA	PHSC	ULA	R.CO	AGUL	ATON HRS								
		STOFFE	A CONSEQUENCE	OF):	2-1/-	1 0 - 1				1100								
O		DUE TO (OR A)	A CONSEQUENCE	26.	NEU	MONI	AE	EPS	5/5	MKS								
	til any, leading to immediata cause. Enter UNDERLYING																	
AT	cause. Entar UNDERLYING		CAUSE (Disease or injury															
FICAT	CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE	DF):				diet kilderen Analite										
RTIFICAT		DUE TO (OR AS	A CONSEQUENCE	OF):														
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST																	
AL CERTIFICAT	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions con	itributing to death	but not resulting		darlying cau	ise given in	Part i. 24a	. WAS AN AUT		b. WERE AUTOPSY FINDINGS								
DICAL CERTIFICATI	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	itributing to death	but not resulting		darlying cau	ise given in			77	AVAILABLE PRIOR TO COMPLETION OF CAUSE								
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E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that Initiated eventa resulting in death) LAST  PART II. Other significant conditions con  SPUEDIC A7  DID TOBACCO USE CONTRIBU  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Ves 2 No Negrous Negro	TE TO CAUSE  SPITAL: Inpatient 2 = ERVor (Month, Dey, Year  28e. PLACE OF INJURY building, atc. (S)  To the best of my knot the besie of examinat	OF DEATH Y  26. PLACE OF DE.  Jipstient 3 DOA  Y  28b. Til  K  Wedge, desth occur  Jone and/or investigation	in the unc	only one)  lightome 5  28c. INJURY / WORK?  1 YES  Pory, office  me, data and pointion, death of 29c.	Residence NT 2 NO	5 Other (Sp 28d. DESCRIE 28f. LOCATION City or for to the cause(a) time, date end	PERFORMED  VES 2   ecity)  E HOW INJUF  N (Street and N  snd manner  place, and du	NO RY OCCUREO  Jumber or Rural  se stated.  s to the cause(	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  a) and manner se stated.  D (Month, Day, Year)								
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MEDICAL

PHYSICIAN:

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COMPLETED

BE

2

CAUSE (Disease or injury

that initiated events resulting in death) LAST

1 YES 2 NO

5 Pending

Investigation

27. MANNER OF DEATH

1 Natural

2 Accident

3 Sulcida

4 Homicide

020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 687

95 26027 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH TRVI September 1655 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign (Month, Day, Year Aug 12, DAY8 HOURS 214-14-8261 1 M 2 - F 73 Maryland 9e. FACILITY NAME (If not inetitution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Saint Agnes Hospital Baltimore n/a 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Halethorpe 1X YES 2 NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4305 Spencer Street 21227 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) High School Custodian Westinghouse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) BE George Mundell Gertrude Matthews 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) 2 Clevie Mundel: 4305 Spencer Street Halethorpe, Maryland 20a. METHOD OF DISPOSITION

1 M Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of sept 20c. LOCATION - City or Town, State Meadowridge Cemetery 4 ☐ Donation 6 ☐ Other (Specify) 16 Elkridge, Maryland 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fallure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) schaemic 4800 A DUE TO (OR AS A CONSEQUENCE OF) Chronic CERTIFICATION rebia Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING

PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Trigeminal nevsalgia

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 14-NO

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF GEATH? 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL

28e. DATE OF INJURY (Month, Day, Year)

26. PLACE OF DEATH (Check only one) HOSPITAL: 1 D Inpatient 2 - ER/Outpatient 3 - DOA

4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED

28b. TIME OF 1 YES 2 NO 28e. PLACE OF INJURY --- At home, lerm, street, lactory, office building, atc. (Specify)

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 29h. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

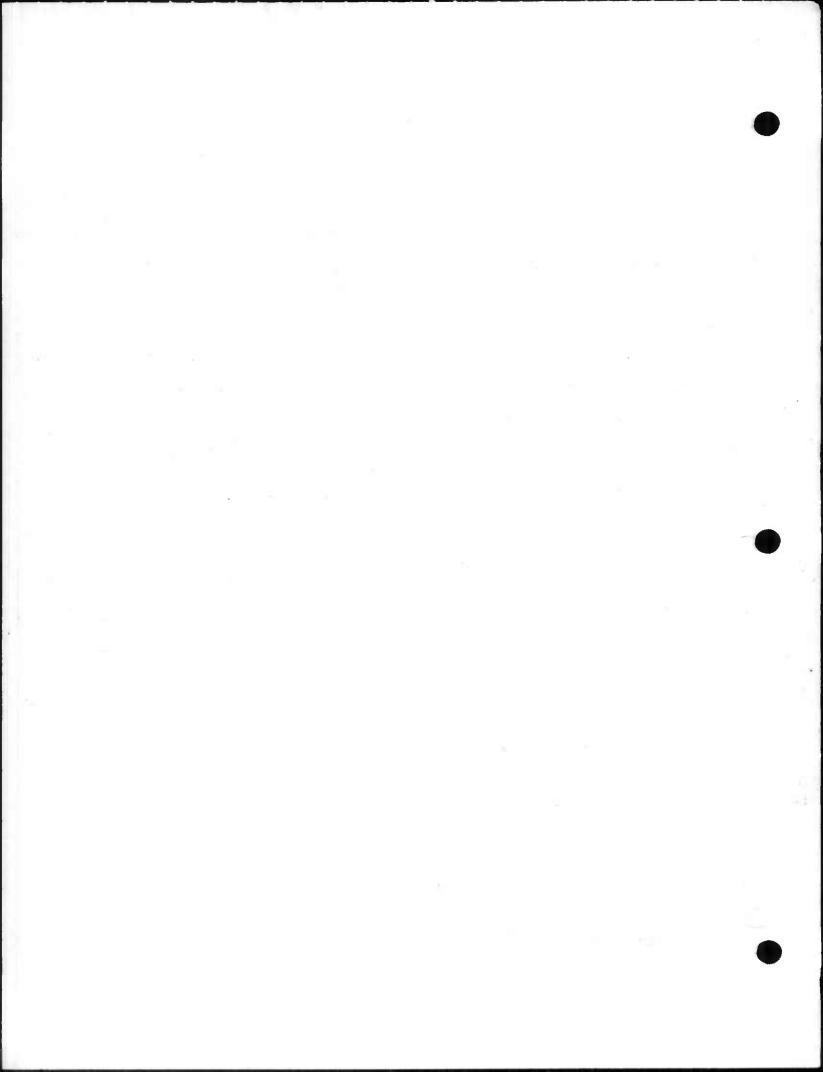
Resident. 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Agne 3

P07540 ► Sep. 11.95

VENKATARAM 31. DATE FILEO (Month, Day, Year)
SEP1 8 1995

32. PEGISTRAR'S SUNATURE



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	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR CERTIF	TMENT OF	F HEALTH AND OF DEATH	MENTAL HYGIEI REG. NO		13 0 0 14			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH			
	MICHAEL XAIVER	S. DIV.			AR IF UNDER 24 HRS.	SEPTEMBER	13, 1	995 5:33 P M			
	214-38-3936	6. AGE (In 52	SEPT. 27,	1942 M	n. BIRTHPLACE (State or Foreign Country) Jary Land						
TOR	9a. FACILITY NAME (If not institution, give stree THE JOHNS HOPKI PRESIDENCE OF DECEDENT		N/A								
DIRECTOR	10a. STATE 10b. COUNTY	Beach	ocation ake Worth		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	3011 Carol Avenue				101. ZIP CODE 33461			EN OF WHAT COUNTRY?			
B	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 🖔 Divorced	2. WAS DECEDENT EVER IN U FORCES? 12 YES IF YES, GIVE WAR OR DATE	2 NO	If yes	MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— I14. RACE — American India Black, White, etc.)  YES 2 NO Specify: White						
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	Give kind of v (Give kind of v We. Do NOT us Painter	vork done during	ATION I most of working	Baltimo School	re Cou	inty			
BE CO	17. FATHER'S NAME (First, Middle, Last) William Kinsey M										
10	190. INFORMANT'S NAM <i>e (Type/Print)</i> William Kinsey Murj	phy, Jr.	196. MAILING 810 Bo	address (Sire	end Aumber or Rural Reisters	Route Number, City or Tox	vn. State, Zip C 21136	iode)			
	20a. METHOD OF DISPOSITION 1	20b. Pl	ACEANDDATES	atory,	Inc. 09/1		cation - ci	ty or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Dawn F. Mc	Donald	crem 299	ation Soci Frederick	lety of Ma Rd. Balti	rvland	l. Inc.			
	23. PART t. Enter the diseases, or com- shock, Dr heart failure. Lis IMMEDIATE CAUSE (Final disease or condition	nplications that caused the only one couse on each	ne death. Do n	ot enter the	mode of dying, suc	h an cardlec or reap	piratory arres	Approximats Interval Batween Onset and Death			
ATION	resulting in death)  a. Due to (or as a consequence of):  Due to (or as a consequence of):  Theory  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  d										
MEDICAL	PART II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Part I.    Dichopol   Part II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Part I.   24a. WAS AN AUTOPSY PRIDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
PHYSICIAN: N	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		DEATH YE	NO H (Check only o	UNCERTAIN	v 🗆		1 YES 20 NO			
SIC	EXAMINER?	OSPITAL:   ER/Outpation	ent 3 🗆 DOA	OTHER:	fome 5 - Residence	8 Other (Specify)					
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	JRY	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED			
0	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, a	treet, factory, o	ffica	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,			
COMPLETE		N: To the best of my knowleds						couse(a) and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M/mn			29c. LICENSE NUM	IBER		SIGNED (Month, Day, Year)			
12	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	UTEM OF CO.	07.0	007		190	steader 14 ITB			

DHMH-16 Rev 1/89



6

30. NAME AND ADDRESS OF PERSON VIDEO STATE FILED (Month, Day, Vigit)

SEP 1 8 1995

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WARC 913 Fell St

32 REGISTRAR'S GNATURE

Baj

ned by the hospital or attending physician. ould be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached activities after death with the State Dent of Health and Mental Hantlere prior to build. Cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATT Y	HECT L	Z E
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STA	TE	0F	MARYLAND	/ DI	EPAR	TMEN	r OF	HEA	LTH	AND	MENTAL	HYG	ENE
				ER	TIF	CATI	E O	FD	EAT	ГН		REG.	NO.

1	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM CERTIFIC				HYGIENE REG. NO.			
1	n. DECEDENT'S NAME (First, Middle, Last)  Kathleen	McDen			2. DATE OF DEATH DAY YEAR Sept. 15 1995 3:10 P.					
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In y	rs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH	8. BIRTHPLACE (State or Foreign Country) Maryland		
	St. Agnes Hospital	CITY, TOWN OR LOCATION OF DEATH Baltimore				9c. COUNTY OF DEATH N/A				
( )	nesidence of becepent 10e. STATE 10b. COUNTY Maryland Ba	10c. CITY, TO	10c. CITY, TOWN OR LOCATION  Baltimore					10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
FUNERAL	100. STREET AND NUMBER 204 Sudbrook Lane	:		101	ZIP CODE 2120	8	10	S.A.		
à l	11. MARITAL STATUS 12.  1 X Never Married 2 Married 3 Divorced	, WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2X NO	If yes, spi	ENDENT OF HISPAN Helfy Cuban, Mexica 2 X NO Specify	n, Puerto Ric		Bie	CE — American Indian, ck, Whita, etc. White	
COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)  UNKNOWN	6e. DECEDENT'S USU (Give kind of work life. Do NOT use re Unkn	done during mo- tired.)	DN st af working	16b. K	IND OF BUSINE				
BE COM	17. FATHER'S NAME (First, Middle, Last) Unknown	Oilui	OWII	16. MOTHER'S NA Unknow						
_    '	19e. Informant's Name (Type/Print) Arthur Drager (Gua	rdian)	5 Light	Stree	nd Number or Rurel I t Balti	More, l	City or Town, St Marylar	ate, Zip Code) nd 212(	)2	
	20a. METHOO OF DISPOSITION  [XBuriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS	Nev	LACE AND DATE OF D ary, crematory or other N Catheor	al Cem 22. NAME AN Leroy	etery 10 ADDRESS OF FA M & Rus	sell (	Balti C Witzk	e Fune	Maryland Peral Homes Lle,Maryland	
	23. PART I. Enginer the diseasee, or come hock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Only one lattee on each	HINE.				c or reepirate	ry arreat,	Approximate Interval Between Onset end Death	
IFICA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. URINATY IFACT (Lifection 2)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.									
PHYSICIAN: MEDICAL C	PART II. Other algoriticent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AI PERFORM 1 TYES 2 (1)							27	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
NAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 1  25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one)									
PHYSIC		OSPITAL: Onpetient 2 ER/Outpate  26a. OATE OF INJURY (Month, Day, Year)		F 28c. IN.	DURY AT DRK?	7	Specify)	RY OCCURED		
à	2 Accident Investigation 3 Suicide 6 Could not be determined	YES 2 NO  281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				al Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: (	N: To the best of my knowled	Tell Transfer Contract						e(s) end manner as stated.	
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 - Residen	1 - 1	win	PO 7	-537		29d, DATE SIGNEO (Month, Day, Year) September 161995		
		DOU Defa	nt ment o	m) FMee	or cine ST	Acmes			Caton Avena Bultimore mb21	
	SFP1 8 1995	32. REGISTRAR'S SIGNAT	TURE		, .					

3. TIME OF DEATN

A. M

10:14

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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Sept. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) Dec. 21, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗌 M 2 💢 F 88 217 26 2401 1906 Newfoundland use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH 1138 McHenry Drive Glen Burnie Anne Arundel DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Glen Burnie 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g CITIZEN OF WHAT COUNTRY? 1138 McHenry Drive 21061 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuben, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES Specify BY 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) ρ College (1-4 or 5 +) 2 years Home Maker 5 should be detached Own Home once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Edward Callahan To Anastasia St. John BE notified a 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Francis O'Brien 605 S. Curley Street Baltimore, Maryland 21224 pe 20e. METNOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 X Buriel 2 Cremation 3 Removal from State funeral director, Donation 5 Other (Specify) Glen Haven Memorial Park 9/15 Glen Burnie, Maryland examiner SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. temoval 0 Baltimore, Md. 21225 medical 23. PART I. Enter the diaeases, or complications that caused the death. Do not enter the finde of dying, such as cerdiac or respiratory arrest, shock, or heary siture. List only one cause on each line. filled in by t Approximate Interval Between **Onset and Death IMMEDIATE CAUSE (Finel** the disease or condition cremation, 19 month DUE TO (CIT) AS A CONSEQUENCE OF completely event, resulting in death) executed prior to burial, traumatic CERTIFICATION and Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate attending physician 8 cause. Enter UNDERLYING CAUSE (Disease or Injury y the attending physical displays the property of Mental Hygiene property. or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in deeth) LAST injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL been signed by the pt. of Health and N AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO MY UNCERTAIN [ PHYSICIAN: After this certificate has be death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only a Item EXAMINER? HOSPITAL: OTHER: PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA Rasidence 6 Other (Specify) 6 27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural Pending Investigation м 1 YES BY Accident 26s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 26t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 90 6 Could not be DIRECTOR: / COMPLETED 28 4 Nomicide Hell OR 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as attated. FUNERAL F within 72 h = HOSPITAL MEDICAL EXAMINER: On 16 MPORTANT: 29b. SIGNAPURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month THE 8 5 5 5 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. WILLIAM **81995** DHMH-16 Rav 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Marie Louise O'Brien

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ir death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	he funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should
over more many to the control of the	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

10a. STATE

95 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Willie Mae Rice 7. DATE OF BIRTH (Month, Day, Year) 5:20 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS 1 M 2 X 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DAltimore NA RESIDENCE OF DECEDENT 10b. COUNTY CITY, TOWN OR LOCATION 10d. INSIDE CITY ARYAND N/A AHIMORE 1 YES 2 NO M. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21229 LOSA 000 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.)
 YES 2 NO Specify: TI MARITAL STATUS 14. RACE - American Indian, 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 K Wildowell 4 Divorced American 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTED (Give kind of work done life. Do NOT use retired.) College /1-4 or 5 +1 1244 antenance Western Dause Co. 18. MOTHER'S NAME (First, Middle, Maig lAHMIE 19b. MAILING ADDRESS (Street and Number or Rural Roo 500 N. Edge wood 20b. PLACE AND DATE OF DISPOSITION IN artel 2 Cremetion 3 Battemore Cemetry on 5 ().Other (Specify) ATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 3405, We FRANKlin H. BAItIMON, MANYland 21229 T. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, short or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Aspiration Pneumonia 2 weeks resulting in death) Organic Brain Syndrome unknowr Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):
Multiple Cerebro-Vascular Accidents if any, leading to immediate unknowr cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):

that initieted events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

Multiple Decubitus Ulcers

24s. WAS AN AUTOPSY 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25, WAS CASE REFERRED TO MEDICAL EXAMINER?

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 1 Inpetient 2 ER/Outpetient 3 DOA OTHER: ng Home 5 - Residence 5 - Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED

26a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

28c. INJURY AT WORK? 1 YES 2 NO

89257

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ganesh Prasad M.D. c/o Maryland General Hospital

31. DATE FILED (Month, Day, Year) 81995

5 Pending

Investigation

detarmined

6 Could not be

27. MANNER OF GEATH

1 Natural

2 Accident

3 Sulcide

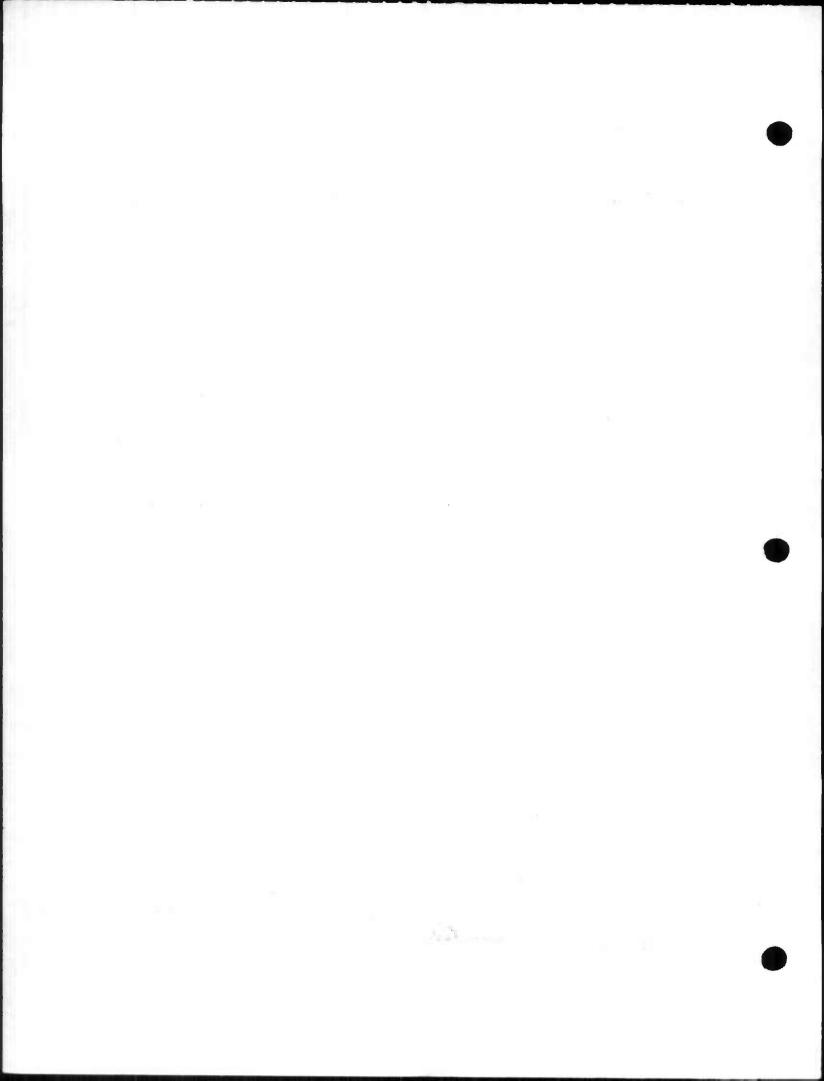
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2. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

	ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-727 9/22/95 t.t													
	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)  MALISSA	MIC	HELLE		RA	V			MONT	T.11,		YEAR	3. TIME OF DEA	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER	24 HRS.	-	OF BIRTH	100.		PLACE (State or	
	215-04-8850	t   M 2 X F	11	YRS.		DAY8	HOURS	MIN.	(Mont	th, Day, Year)	000	Country	)	
ļ	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN C			ON OF DE		. 29.1		NTY OF DE	aryland	
OR	JOHNS HOPKINS				BALT						1	n/a		
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN OR	LOCAT	ION						10d, INSIDE CITY	
DIRECTOR	Md/	Balti						eda1	.e			LIMITS?		
FUNERAL	6716 Havenoak Roa	ad			101. ZIP CODE 10g. CITIZI						EN OF WHAT COUNTRY? USA			
3	11. MARITAL STATUS		IT EVER IN U.S. AR							N? (Specify Yes	or No-	14. RACE	- American Inc.	den,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 X	Ю				sn, Mexica Specif		Ricen, etc.)		Specif		
	15. DECEDENT'S EDU	CATION			USUAL OCC				160	b. KIND OF BUS	SINESS/IN	DUSTRY	111200	
COMPLETED	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5	life	ive kind of Do NOT u	work done du se retired.)	iring mo	st of work	ing						
7	7th	College (L-4 DF 5		Stud	ont						N	/A		
M	17, FATHER'S NAME (First, Middle, Lest)			SIUUU	EIIL		18. MOT	HER'S NA	ME (First,	Middle, Malden		78		
BE C	Michael Al	len Ray							Bet	ty Lou	ise	Twoey	Y	
10	19e. INFORMANT'S NAME (Type/Print)									ober, City or Tow			01061	
-	Michael Allen R	ау						e Co		Glen E				`
	20s. METHOD OF DISPOSITION 143 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cramatory or other place)													
	4 Donation 5 Other (Specify) DulaneyValleyCemetery 9/16/95 Baltimore Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY													
	21. SIGNATURE OF FUNERAL SERVICE LICENSET    22. NAME AND ADDRESS OF FACILITY   Connelly Funeral Home of Essex													
	K. Lerr	4 (on	nelle	/			_			itmore			21	
	23. PART I. Enter the diseases, or complications that caused the diseases, and the control of th													
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL C	PERFORMED? AWAII  TYPES 2 NO OF D									WERE AUTOPSY AVAILABLE PRIC COMPLETION D OF DEATH?	F CAUSE			
	DID TOBACCO USE CONT	RIBLITE TO CA	AUSE OF DEA	TH Y	FS 🗆 N	10 F	1 1100	CERTAI	ΝП				120.2	,
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	10012100			ATH (Check or			021(17 (1						
<u>S</u>	EXAMINER?  XXYES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER			and an an	e (1) Aut	on (Facelly)				
\ <del>`</del>	27. MANNER OF DEATH	28a. DATE O	7	26b. TH			URY AT	10 810 010 0		er (Specify)	INJURY O	CCUREO		
	1 Netural 5 Pending		Day, Year)		JURY	WC	YES 2	XXVO	-	R EXPLO				
ВУ	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE	OF INJURY — At he	ome, farm,	stree1, facto	ery, offic	9		28f. LO	CATION (Street	and Numb	er or Rural R	loute Number,	
TED	4 X Homicide 8 Could not be	building	, atc. (Specify)	DDLES	EX SHO	PPIN	G CE	ITER	CH	ESSEX,	MARY	LAND		
COMPLETED	29a. CERTIFIER (Check only one) t CERTIFYING PHYS	ICIAN: To the best of	.1										) end menner e	stated.
1 1	29b. SIGNATURE AND THE OF CENTIFIE	R D	//1	_			29c. LH	CENSE NU	MBER		29d. DA	TE SIONED	(Month, Day, Ye	ir)
BE (		49	SL					ОСМЕ			<b>N</b>		12.199	
5	30. NAME AND ADDRESS OF PERSON WI	OW COMPLETED CA				Str				more			nd 212	
		A BE WELL		T P	enn s	JUL		, 100	4161	.more,	rid.	LITO	11U Z1	.01
	2ELT 0 1333													



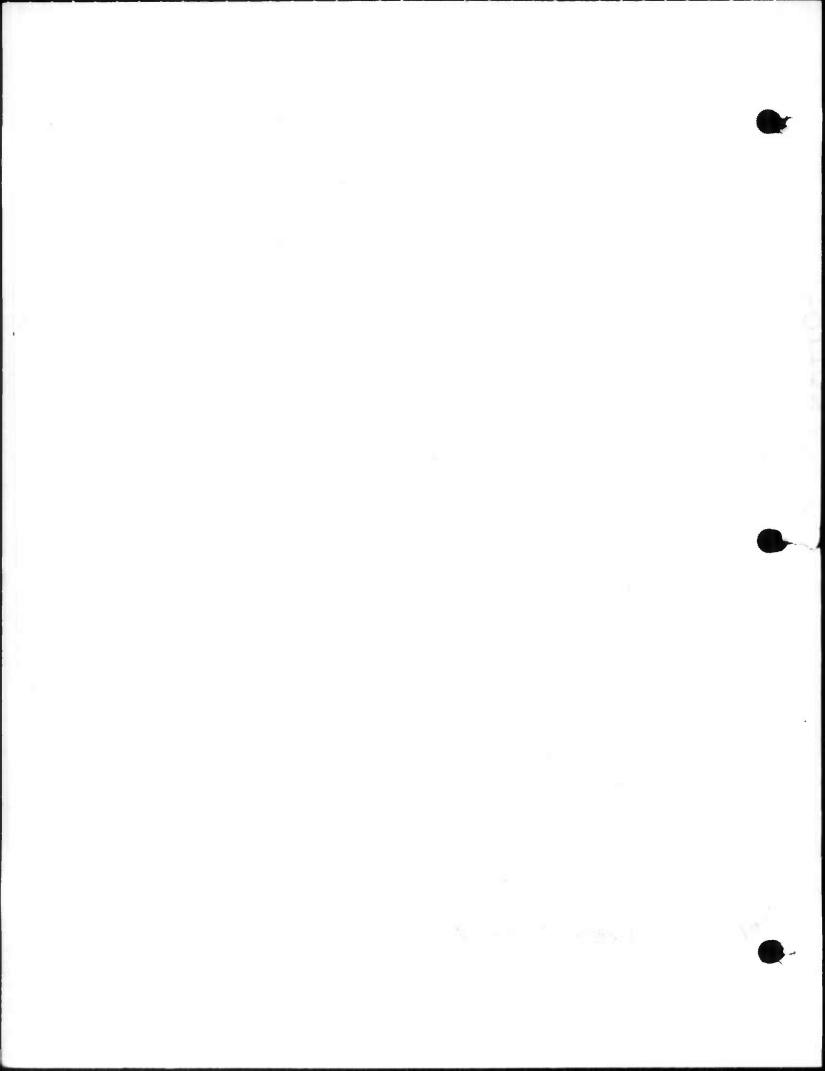
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / D	EPARTI	MENT (	OF HEA	LTH	AND N	AENTA	L HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)  Victor Nat	han Rude							MON	OF DEATH	DAY	YEAR	3. TIME OF DEATH 9:00 P. M
ERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 577-07-1191	1 💢 M 2 🗆 F	AGE (In yrs. lest b		ONTHS C		OURS	24 HRS.	7. DATE	OF BIRTH th, Day, Year)	1913	8. BIRTHE Country	NNSYLVANIA
	98. FACILITY NAME (If not institution, give street and number)  15801 York Rd.  Sparks							ON OF DE				TIMOI	ATH
	PRESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  MARYLAND  BALTI		10c. CITY, TOWN OR LOCATION SPARKS								10d. INSIDE CITY LIMITS? 1 YES 2 1 NO		
	100. STREET AND NUMBER 15801 York Rd.		<u></u>	101. ZIP CODE 21152						10g. CITIZEN OF WHA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	FORCES? 1A YES 2 NO			3. WAS DECENDENT OF HISPANIC ORIGIN? (Specifification) was specific Cuben, Mexican, Puerto Rican, etc. 1 YES 2 ANO Specify:					Ves or No— 14. RACE — American India Black, White, etc.  Specify:  WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY A.A.I. (Defense Cont U.S. GOVERNMENT			Contracting)			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Unknown by ir	nformant		***						Middle, Meide		t	
TO B	196. INFORMANT'S NAME (Type/Print) Allen G. Rude			801						ober, City or To		Code)	
	20s. METHOD OF DISPOSITION  1\(\Delta\) Burisl 2 \(\Delta\) Cremation 3 \(\Delta\) Removal from State  4 \(\Delta\) Donation 5 \(\Delta\) Other (no. 1)  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place)  10  11  12  20c. LOCATION — City or Town, State  16  17  18  18  19  19  10  10  10  10  10  10  10  10												
	LOWELL M. L	enthon w	mon	)	Le	TaT	Fu	nera	1 Ho	Tim	onium	MD	Valley, Inc. 21093
	23. PARTIT. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on sech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  S. Amyo tro praic Lateral Sciences Scienc												
NOI	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, ff any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	couse. Enter UNDERLYING CAUSE (Disease or injury thet initisted events resulting in deeth) LAST												
MEDICAL CE									24a. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
N: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/	26. PLACE (	0	THER:		Ano	ildence (	3 🗆 Othi	er (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH  1 Natural 5 Pending  280. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY M					2 [	NO	28d. DE	SCRIBE NOW	INJURY OCC	URED	
	3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF IN. building, etc.	JURY — At home, (Specify)	, ferm, stree	et, factory	, offics				CATION (Street or Town, State		or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC One) 2 MEDICAL EXAMINER												and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	Galrei -	ldong	mD	29c. LICENSE NUMBER						29d. DATE SIGNED (Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM)	(Type, Pri	nt) 55 .	2,	7.5	. (	مو	ler			
	SEP1 8 1995	32 REGISTRAR'S	NATURE										



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

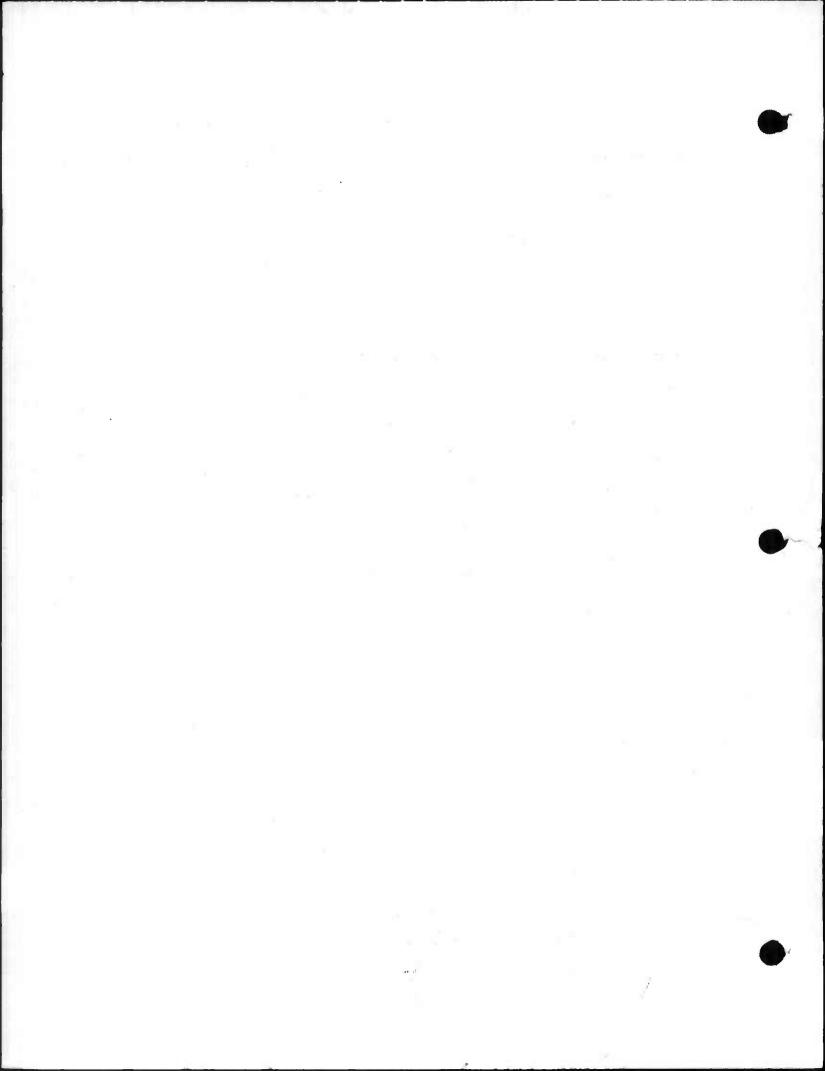
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Iteml, Film727, 9/18/95, 1t

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	TMENT OF CATE O	HEALTH AND F DEATH	MENTA	L HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last) Helen LEON	A	Speak	cs		2. DAT	of DEATH	r,1995	3. TIME OF 1 12:	
10111 311 1505	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR		7. DATE	OF BIRTH	ara r	BIRTHPLACE (State	or Foreign
90. FACILITY NAME (If not institution, give stre	ot and number)	snited	9b. CITY, TOW	N OR LOCATION OF E	DEATH	1.10/	9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	i i	10c CTTV	TOWN OR LO	CATION	110				
Mary And NUMBER	A		3a1+	imure					□ NO
922 N. MO	unt 5th	reet		2 12	17		10g. CITIZEN	SA COUNTE	147
11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If yes,	Specify Cuban, Mexic ES 2 10 Speci	an, Puerto		or No- 14.	RACE — American Black, White, atc. Specific Black	indian,
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	16a. DECEDENT'S L (Give kind of w life. Do NOT use	ork done during		16	b. KIND OF BUS	INESS/INDUST	RY	
UNKNOUN	College (1-4 or 5+)	Home	ema	ker	(	Bur	Hon	nE	
17. FATHER'S NAME (First, Middle, Last)	Den			16. MOTHER'S N	AME (First,	Middle, Melden	Surname)		
190. INFORMANT'S NAME (Type/Print)	10/106	19b. MAILING	ADDRESS (Street	et and Number or Rural	Route Nun	nber, City or Town	, State, Zip Coo	0) 2/0	27
20e. METHOD OF DISPOSITION		PLACE AND DATE OF		Name of . 3	FER	WE LO	CATION - City	or Town, State	el
Suriet 2 Cremation 3 Remove	YY	petery, created ory or oth	JAMY C	Eneler	100	The state of	collya	mary	lmo
21. SIGNATURE OF FUNERAL SERVICE LICEN	K is		22. NAME	AND ADDRESS OF A	ACILITY &	2 ONCE	12712	r Stewn	ROPPD
23. PART I. Enter the diseases, or co- shock, or heart fallure. Li-	mplications that cause	d the death. Do no	ot anter tha r	noda of dying, au	ch aa car	diac or reapi	ratory arrest,	Appro	
IMMEDIATE CAUSE (Final	Cancer (	of Vulva					4	Onset	and Death
	Aspirate	ory Pneu		ı					
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	:					<u> </u>	
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS /	CONSEQUENCE OF	:						
PART II. Other aignificant conditions	contributing to death b	out not resulting in	tha underly	ing cause givan in	Part I.	24s. WAS AN		24b. WERE AUTOPS	
						PERFOR		AVAILABLE PR COMPLETION OF DEATH?	
DID TOBACCO USE CONTRI	RUITE TO CAUSE O	E DE ATH VE		- UNICERTAL				1 TYES 2	□ NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH			NLI				
1 TYES 2 XNO	OSPITAL:		OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME	RY V	NJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCCURE	D	
2 Accident investigation 3 Suicide 6 Could not be datermined	26e. PLACE OF INJURY building, atc. (Spec	— At home, lerm, st	reet, factory, of	fice	261. LOC C/ty	CATION (Street a or Town, State)	nd Number or R	ural Route Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my know							use(e) end menner	es stated.
296. SIGNATURE AND TITLE OF CERTIFIER	(			29c. LICENSE NU 8925			29d. DATE SIG	NED (Month, Day, Y	har)
30. NAME AND ADDRESS OF PERSON WHO C				ryland	Gene	eral H	lospit	al	
SEP1 81995	A REGISTRARIS SIGN	ATHRE							



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1 TYES 2 THO

5 Pending

Investigation

8 Could not be

8 1995

27. MAHHER OF DEATH

1 | Natural

2 Accident

3 Suicide

4 🗌 Homicide

ding physician

DIVISION OF VITAL RECORDS, P.O. BOX 68760

95 28035 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH Emma Grace Shipley Sept 1995 11 7:00 A. 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 213 05 7532 1 M 2 X 78 28, Nov. 1916 Maryland 9e. FACILITY HAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 174 Meadow Road Pasadena Anne Arundel RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Pasadena 1 YES 27 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 174 Meadow Road 21122 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Ho-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2X NO Specify: 1 Never Married 2 K Merried BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/IHDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Uniform Company 6th Seamstress 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S HAME (First, Middle, Meiden Surname) Jeremiah Blizzard Lydia Martin BE 19s. IHFORMANT'S HAME (Type/Print) 19b. MAILIHO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Ralph Shipley 174 Meadow Road Pasadena, Maryland 21122 20s. METHOD OF DISPOSITION
17 Burlel 2 Cremation 3 Removal from State
4 Donation 8 Other Country 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE cometery, crematory or other place)
Lakeview Memorial Park Donation 8 Other (Specify) 9/13 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. HAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Carcmoma metastatic months reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 TOMO OF DEATH?

				a.	
PART	11.	Other	algnificant	conditiona	contributing to death but not resulting in the underlying cause given in Part I.
_	_				

Gly Burnia

1 TYES 2 NO

DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEATH	YES 🗆 NO 🗆	UNCERTAIN 🖸
25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF	DEATH (Check only one)	

HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. IHJURY AT WORK?

4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 28d. OESCRIBE HOW IHJURY OCCURED 1 YES 2 HO

28s. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

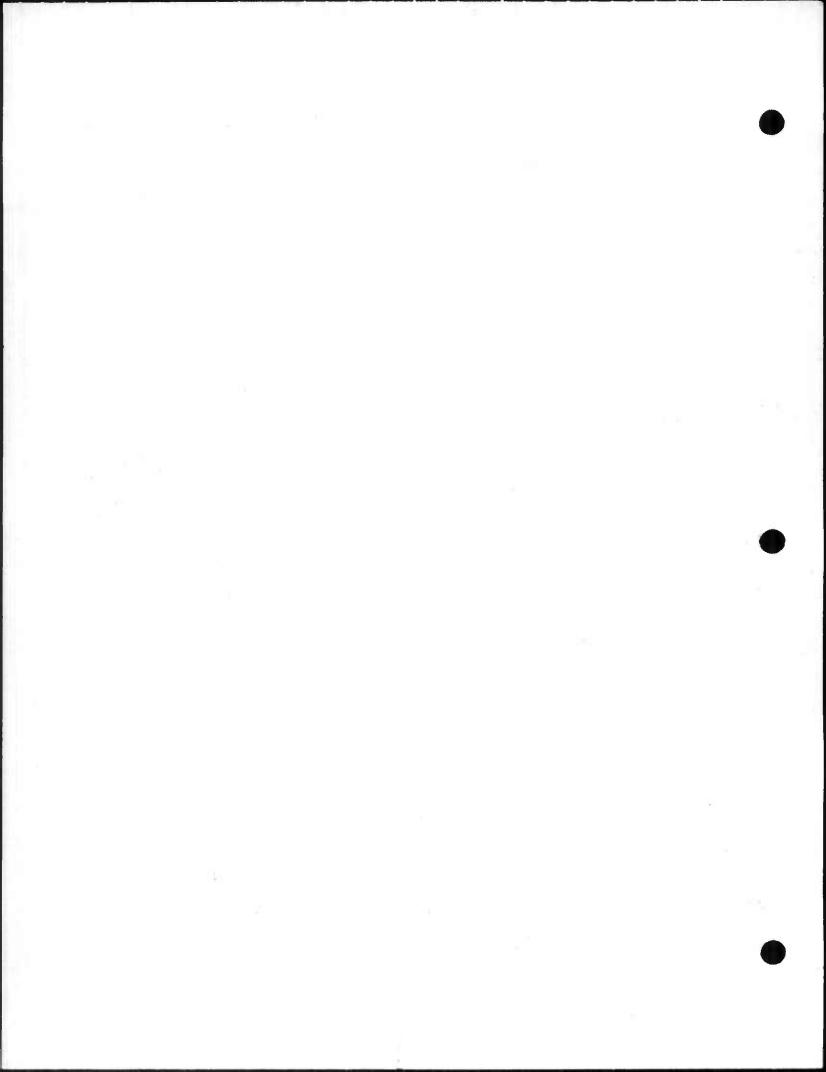
29s. CERTIFIER	1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated
(Check only	- Section with a state of the cause(s) end manner as stated
one)	2 MEDICAL EXAMINER: On the besis of examination ending immediation. In my entities, doubt account at the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the line of examination and in the second of the second of the line of examination and in the second of the sec

2 MEDICAL EXAMINER: On the basis of examination end/or in	rvestigation, in my opinion, death occured at the time, data and place, er	id due to the cause(s) end manner as stated
296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE HUMBER	29d. DATE SIGHED (Month, Day, Year)

90.	HAME AND AODRESS OF PERSON WHO	COMPLETED C	AUSE OF	DEATH (ITEM 27) (Type,	Print)

31. DATE FILEO (Month, Day, Year)			32. REGISTRAR'S SIGNATURE						
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30. HAME AHD AODR	ESS OF PE	ERSON WHO C	OMPLETED	CAUSE O	F DEATH (ITEM :	27) (Type, Print)			

32. REGISTRAR'S SIGNATURE bi Devolun Re



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age of	det		5
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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od with	отрієте	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event
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Dennis J. Chute
31. DATE FILED (Month, Day, Year)
SEP1 81995

	1 - FOR STATE REGISTRAR	STATE OF MAR			MENT OF I		MENTAL	HYGIEN REG. NO.	E		0	
	t. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	DA	Υ Υ	EAR	IME OF DEATH	
	PAUL SCH			BAU	ER			.12,			L8:02 PM	
	214-48-2047 1XM2 = 34		GE (In yrs. last bli	YRS. MONTHS DAYS HOURS MIN.			(Month, Day, Year) C			BIRTHPLACE (State or Foreign Country)		
DIRECTOR	Sa. FACILITY NAME (If not institution, give street end number)  NORTH ARUNDEL HOSPITAL ER RESIDENCE OF DECEDENT			Glen Burnie				ANNE ARUNDEL				
REC	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION					. INSIDE CITY LIMITS?			
	Md. Baltimore			Catonsville					YES 2 XNO			
FUNERAL	100. STREET AND NUMBER				10	. ZIP CODE			10g. CITIZE	N OF WHAT	COUNTRY?	
ÿ	1925 Old Frede				Md	2122			U	5. A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1		D	13. WAS DECENDENT OF HISPANIC ORIG If yee, specify Cuban, Mexican, Puerto				or No- 14	Black, Wh	American Indian, lite, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR				2 NO Specify		. ,		Specify:		
		NATION .	140- 0505				Lan	· · · · · · · · · · · · · · · · · · ·	1		hite	
TE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give	kind of wo NOT use	SUAL OCCUPATI ork done during m	ost of working	160.	KIND OF BUS	INESS/INDUS	THY		
H	Elementary/Secondary (0-12)	College (1-4 or 5 +)	-							_		
16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Grade 12  17. FATHER'S NAME (First, Middle, Last)  16. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use refired.)  Receiving Clerk  Md. Hotel  18. MOTHER'S NAME (First, Middle, Last)							2]					
8	17, FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, M	ddle, Meiden	Surname)			
BE	Edward G. Sc	hmidbaue			Margaret A. Hagner							
6	19e. INFORMANT'S NAME (Type/Print)		19b. N	IAILING /	ADDRESS (Street	and Number or Rural	Route Numbe	r, City or Tow	n, Steta, Zip Co	ode)		
-	Robin Schmidba	uer				r Ave					1227	
		20e. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cemeter), cremetory or other place)  DATE  20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify)		Loudor	1 Pa	ark Ce	metery		195	Ba	Lto.	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 5151 Baltimore National Pike											
	D. J.	Schwab	The same	*		imore.				PIK	E	
	23. PART i. Enter the diseases, or o		used the death	n. Do no	ot enter the m	ode of dying, suc	h aa cardi	ac or reapi	ratory arres	it,	Approximata	
	ahock, or heart fellure.	List only one ceuse	on eech line.								Interval Batween Onset and Death	
									Olisat and Statut			
	reaulting in death)	disease or condition resulting in death)  a. Multiple Injuries and Drowning  Due to (or as consequence of):										
	ODE TO (AN ME P CONTRECORDING OF).											
CERTIFICATION	Sequentially list conditions,											
ATI	If any, leading to immediate cause. Enter UNDERLYING											
5	CAUSE (Diseese or injury	cDUE TO (OR	AS A CONSEQUE	ENCE OF								
Ē	that initiated events resulting in death) LAST											
岜	d.											
	PART ii. Other algnificant condition	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING										
2	00 CO								CO	JLABLE PRIOR TO MPLETION OF CAUSE		
ED							_	PL. LO			VES 2 NO	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								LIES Z II NO			
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
<u></u>	EXAMINER? HOSPITAL: OTHER:											
<u></u>	1X YES 2 NO 1 Inpatiant 2 X ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify)  27. MANNER OF DEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
	(Month, Day, Year) INJURY WORK?											
ВУ	2 Accident Investigation 7-12-75 1/630/ 12-12-12-12-12-12-12-12-12-12-12-12-12-1								Out On the	Abieba		
0	3 Suicide 6 Could not be 4 Homicide determined	4   Homelide determined determined							Cose			
ET	Cove											
1	29s. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated.											
COMPLETED	One) 2 X MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner on stated.											
	296. SIGNATURE AND TITLE OF CERTIFIE	R A A				29c. LICENSE NU	MBER		29d. DATE	SIGNED (Mo	onth, Day, Year)	
BE	Non	1. 11.	ets un			OCME			SE	PT.1	3,1995	
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	2 hou	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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1	FOR STATE REGISTRAR	STATE OF N		DEPARTI				MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle	a, Last)			CMT	777	CDI	2. DATE OF DEATH	AY	1995	. TIME OF DEATH 12:27 PM	
-  -	ERSELL				SMI				4,			
	4. SOCIAL SECURITY NUMBER 218-09-5769	5. SEX 1 M 2 X F	8. AGE (In yrs. Ia		F UNDER 1 YEAR ONTHS DAYS	HOURS HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 13,	1910	6. BIRTHPLACE (State or Foreign Country) 1910 Virginia		
	9e. FACILITY NAME (If not institution	9	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT						тн			
DIRECTOR	633 ASQUITH	STREET #7	'H		BALT	IMORE	Ξ		N	I/A		
<u> </u>		COUNTY		10c. CITY,	TOWH OR LOC	ATION				1	0d, INSIDE CITY LIMITS?	
	Maryland	N/A		Bal	timore						YES 2 NO	
FUNERAL	100. STREET AND NUMBER		35		1	iot, ZIP CODE					AT COUNTRY?	
<u> </u>	633 Aisquith S					2120				J.S.A.		
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	YES 2 T					NIC ORIGIN? (Specify Ya n, Puerlo Ricen, atc.)	e or No-	14. RACE - Black, 1	- American Indian, White, etc.	
E A	1 Naver Merried 2 Merrie 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES			ES 2 NO	Specify			Specify:		
		I'S EDUCATION	140. 0	ECEDENT'S US	I COOURA	71011		16b. KIND OF BL	IONIEGO (IN	Duerny	Black	
4	(Specify only highe	st grade completed)	- G	Give kind of wor a. Do NOT use	k done during i	nost of workin	ng	160. KIND OF BC	JSINESS/IN	DUSTRY		
P.E	Elementary/Secondary (0-12) 9th	College (1-4 or 5	r)	aundry				Hotel				
COMPLETED	17. FATHER'S NAME (First, Middle, I	Last)						ME (First, Middle, Melder	Sumeme)		100	
	James Stokes		I					Dupick				
2	19e. INFORMANT'S NAME (Type/Pri	int)						Aoute Number, City or Ton				
	George Scott 20a. METHOD OF DISPOSITION						рат				. State	
	1X Burlei 2 Cremetion 3 Removal from State   Cemetery, cremetory or other place)											
	4 Donetton 5 Dotter (Specify) Voshell Memorial Gardens 9-19 Dundalk, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	L. Valencia Holland MARCH FUNERAL HOME EAST 1101 E. NORTH AVENUE/BALTIMORE, MD 21202											
	23. PART i. Enter the diseas	ea, or complications the									Approximate Interval Between	
	IMMEDIATE CAUSE (Final	indie. Lint only one con	230 011 00011 111								Onset and Death	
	disease or condition											
	DUE TO (OR AS A CONSEQUENCE OF):											
8	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):											
¥.	if any, leeding to immediate cause. Enter UNDERLYING											
띮	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	that initiated events resulting in death) LAST											
- II	PART II. Other algnificant co	onditions contributing to	death but not	reculting in	the underly	Ing ceuse	given in	Part I, 24a. WAS A	N AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS	
8 I					,			PERFO	PRMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE	
								1 TES	2 ONO		OF DEATH?	
Σ	DID TOBACCO USE (	CONTRIBUTE TO CA	USE OF DE	ATH YES			ERTAL	NO THE	SCT b-	.	O 152 5 10	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEI			ACE OF DEATH								
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient		OTHER:	ome MYR	asidence	6 Other (Specify)				
Ηl	27. MANNER OF DEATH	28a, DATE O	FINJURY	28b, TIME	OF 28c.	INJURY AT		28d. DESCRIBE HOW	INJURY O	CCURED		
	1 Natural 5 Pendi	ing (Month, I	Day, Year)	ІМЛО		WORK? YES 2	NO					
BY	2 Accident Investi 3 Suicide 6 Could	26e. PLACE	OF INJURY — At I	home, tarm, at	eet, tactory, o	ffice		261. LOCATION (Stree City or Town, Stat		er or Rural Ro	ute Number,	
COMPLETED	4 Homicide determ	mined	, otal (opcony)					ony or ison, one	0,			
ן ב	29e. CERTIFIER (Check only	IG PHYSICIAN: To the best o	f my knowledge,	death occurred	at the time, d	ate end place	e, and du	e to the cause(a) end m	enner ee at	ated.		
S	nne!	EXAMINER: On the basis of	exemination end/c	r Investigation	, in my opinior	n, death occu	red at the	a time, data and placa,	end dua to	the cause(e)	and manner ea stated.	
	291 SIGNATURE AND TITLE OF	ERTIFIER 1/				29c. LIC	ENSE NU	MBER	29d. D/	TE SIGNED (	Month, Day, Year)	
BE	Mousin Market							EPTE	MBER	15, 1995		
임	30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAL										
	Abahrons	13 KOREU	Hy 11	l Pen	n Str	eet,	Ba.	ltimore,	Mar	yland	1 21201	
Ì	31. DATE FILED (Month, Day, Year)	5 Alica de	R'S SIGNATURE	. et								
	SEP1 8199	D June		149								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

i	1. DECEDENT'S NAME (First, Middle,	Lest)						2. DATE	OF DEATH	av	YEAR	3. TIME OF DEATN
	4	Dolo	res T.	Thon	nas			Sept. 09 1995				12:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs.	lest birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE	OF BIRTH		B. BIRTI	IPLACE (State or Foreign
i	218 28 9031	1 🗌 M 2 🔀 F	62	YRS.	MONTHS E	MYS	HOURS MIN.	June	e 19,	1933		
	Se. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c						NTY OF E	EATH
OR I	1306 Phil M		Hano	ver	•			Anr	ne Ai	undel		
DIRECTOR	RESIDENCE OF DECEDEN	DUNTY		40- 00	ry, town or	LOCATI	011			10d, tNSIDE CITY		
E		Anne Arund	-1				ON			LIMITS?		
	10e. STREET AND NUMBER	Aille Ai uiu	П	anover		ZIP CODE		10g. CITIZEN OF WHAT C			1 TES 2 NO	
FUNERAL	1306 Phil Ma	r Drize			101.	21076						
W	1300 PITTL MA	ARMED	13 946	S DECE	ENDENT OF HISPA	NIC OBIGI	N? (Specify Ve		J.S.Z	1 ◆ E — American Indian,		
	1 Never Married 2 Married	FORCES?	1 YES 2		If y	es, spe	cify Cuban, Maxico	an, Puerto	Rican, etc.)	0 01 110	Blec	k, White, etc.
B	3 X Widowed 4 Divorced	IF TES, GIVE	MAN ON DATES		''	169	2 NO Specif					White
	15. DECEDENT: (Specify only highest	S EDUCATION	16s	DECEDENT'S	S USUAL OCC work done dur	UPATIO	N t of working	16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or	5+)	life. Do NOT	retired.)	ng mos	t or working					
MP	9th			Home 1	Maker				Own H	ome		
Ö	17. FATNER'S NAME (First, Middle, La		_				18. MOTHER'S NA					
BE		Arthur I	vanhoe	Buck			Pa	uline	e L. W	hite		
TO	19e. INFORMANT'S NAME (Type/Print						nd Number or Rural					
-	Dolores The	omas		2509	Washi	ngt	on Blvd.	. I				land 21230
	20a. METHOD OF DISPOSITION 1 S Burlet 2 Cremetton 3	Removal from State			OF DISPOSITI			DA		CATION -		
	4 ☐ Donation 8 ☐ Other (Specify	)	_ Gle	n Have					13  G1	en Bu	ırnie	e, Maryland
	21. SIGNATURE OF FUNERAL SERV			//			J. Gon		uneral	Hom	e P.	Α.
	Hum	e Fran	necoe	well	1 1400	)1 E	Ritchie	Hwy.	Balt	imor	e, M	d. 21225
		, or complications to			not enter th	ne mod	da of dyling, aud	ch aa cai	rdiac or reap	lratory a	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final											Oneat and Death
disease or condition castly in death)												
	reaulting in death)  Bue to (or as a consequence of):											
z	Securatelly the condition b. HYPERTENSICIA											
일	Sequentially list conditions, if any, leading to immediate	NSEQUENCE (	•									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	W			- MELLIFLY							
	that initieted events resulting in death) LAST	DUE	TO (OR AS A COI	NSEQUENCE	OF):							
55		d		_								
	PART II. Other significent cor	ditiona contributing	to death but n	ot reaulting	In the und	erlying	cause given in	n Part I.	24a. WAS AI	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDICAL									1 TYES			COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
	DID TOBACCO USE C	ONTRIBUTE TO C	AUSE OF D	EATH Y	ES N	OK	UNCERTAI	IN 🗆				
IA	25. WAS CASE REFERRED TO MEDI	CAL			ATN (Check on	ly one)						
Sic	EXAMINER?	HOSPITAL:	ER/Outpatler	nt 3 🗆 DOA	OTHER:	ng Homi	a 5 KRasidence	8 🗆 011	ner (Specify)			
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE	OF INJURY , Day, Year)	28b. Ti	ME OF 2	8c. INJI	URY AT	28d. DI	ESCRIBE NOW	INJURY O	CCURED	
ВУ	1 7 Natural 5 Pendin 2 Accident Investig	9 (			М		ES 2 NO					
ED E	3 Suicide 8 Could	tot be buildle	of INJURY — I	At home, farm	, atreat, tector	y, office	5		CATION (Street		er or Rural	Route Number,
1	4 Nomicide detarmi	ned										
COMPLET	29a. CERTIFIER (Check only  Check only  Ch											
MC	ana)	(AMINER: On the basis of	( examination an	d/or investigat	tion, in my opi	inlon, di	eath occured at th	e time, de	te and place, s	nd due to	the cause	(s) end manner as stated.
E C	29b. BIGNATURE AND TITLE OF CE	RTIFIER					29c. LICENSE NU	JMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
0	90.0. 17060 > 9/11/95										1/95	
5	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED C	AUSE OF DEATN	(ITEM 27) (Ty)	oe, Print)	0		- V	)			435
	S. MUSIKABH 31. DATE FILED (MOVIN, Day, Year)	umma,	M.D. JO	710-14	126	RA	7757	. B	ALTIM	TORE	- M	D 21223
	SEP1 819	95 Jalied	water	and II								

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

lizabeth

4. SOCIAL SECURITY NUMBER

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	ath ci	den mell
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2	that	4
DIVISION OF VITAL AECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	PERSON PROPERTY. Altern this providence has been planted by the reflect of minimum and connected to d in
	Me	-
<	The	44. 6
>	SICIAN	- 200
5	F	44.5
5	VDING	6.64
2	ATTE	- Company
5	BO.	010
	SPITAL	1500

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	215-01-9601	1 M 2 DF	87 YRS.	MONTHS DAYS	HOURE MIN.	(Month, Day, Year)  June 1,190	Cour	ary land			
OR		street and number)	iter	Sykes	OR LOCATION OF DE		Carrol	A			
DIRECTOR	10e. STATE 10b. COUN	N/A	10c. C	Baltim				10d. INSIDE CITY LIMITS? 1 GYES 2 NO			
BE COMPLETED BY FUNERAL	100. STREET AND NUMBER	eBaltimo	re. Md.	1	01. ZIP CODE 2122			WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER IN U.S. ARMED	13. WAS DI	ECENDENT OF NISPAN specify Cuben, Mexicol ES 2 OLNO Specify		r No — 14. RA Bla	CE — American Indian, ack, While, etc.			
7	15. DECEDENT'S ED (Specify only highest gra Elementary/Secondary (0-12)		(Give kind o	'S USUAL OCCUPAT If work done during r use retired.)	TION nost of working	16b. KIND OF BUSINESS/INDUSTRY					
	Grade 8 17. FATHER'S NAME (First, Middle, Lust)		Hou	sewife	18. MOTHER'S NA	In her ME (First, Middle, Melden Sc	er own home				
	Samuel Smith  190. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·	200 00000			oeth B. B	-	ŢS			
2	John E. Thursi	ion	0.71			Route Number, City or Town, tSykesv	Company of the company	d.21784			
	20a, METNOD OF DISPOSITION 1  Buriel 2  Cremation 3 Re 4  Donetion 6  Other (Specify)	ATION — City or	Town, State								
	22. NAME AND ADDRESS OF FACILITY 3512 Frederick Avenue Baltimore, Md. 21229										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory strest, interval onsets interval onsets.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. DUE TO (OR AS A CONSEQUENCE OF):										
	Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  b. Conglist is Itlant Failure  Oue To (or as a consequence of):  Oue To (or as a consequence of):  Due To (or as a consequence of):										
	resulting in death) LAST	a the	tension					10 40-15			
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    Dichards   Military   Andronomical   April   Andropsy										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	Outpatient 3 DOA	отнея:	PLACE OF DEATH (Ch						
ВУ РНУ	27. MANNER-OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU		NJURY	NJURY AT WORK? YES 2 NO	28d. DEȘCRIBE HOW IN.	JURY OCCURED				
3	3 Suicide 8 Could not 8	28e PLACE OF IN.	IURY — At home, farm (Specify)	n, street, factory, of	fice	26t. LOCATION (Street en City or Town, State)	d Number or Rura	al Route Number,			
COMPLET	0000	/SICIAN: To the best of my i						a(s) and manner as state.			
BE CO	296. SIGNATURE AND TITLE OF CENTER	HER.		in my opinion	20c. LICENSE NUI			ED (Month, Day, Year)			
6	110/01	MI)			1135518	) -1	P SINT	no 12 199			

30. NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lushner

32, REGISTRAR'S SIGNATURE

mathan

81995

31. DATE FILED (Month, Day, Year)

114 Business

hurston

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8. AGE (In yrs. lest birthday) | FUNDER 1 YEAR | FUNDER 24 HRS.

2. DATE OF DEATH MONTH

7. DATE OF BIRTN (Month, Day, Year)

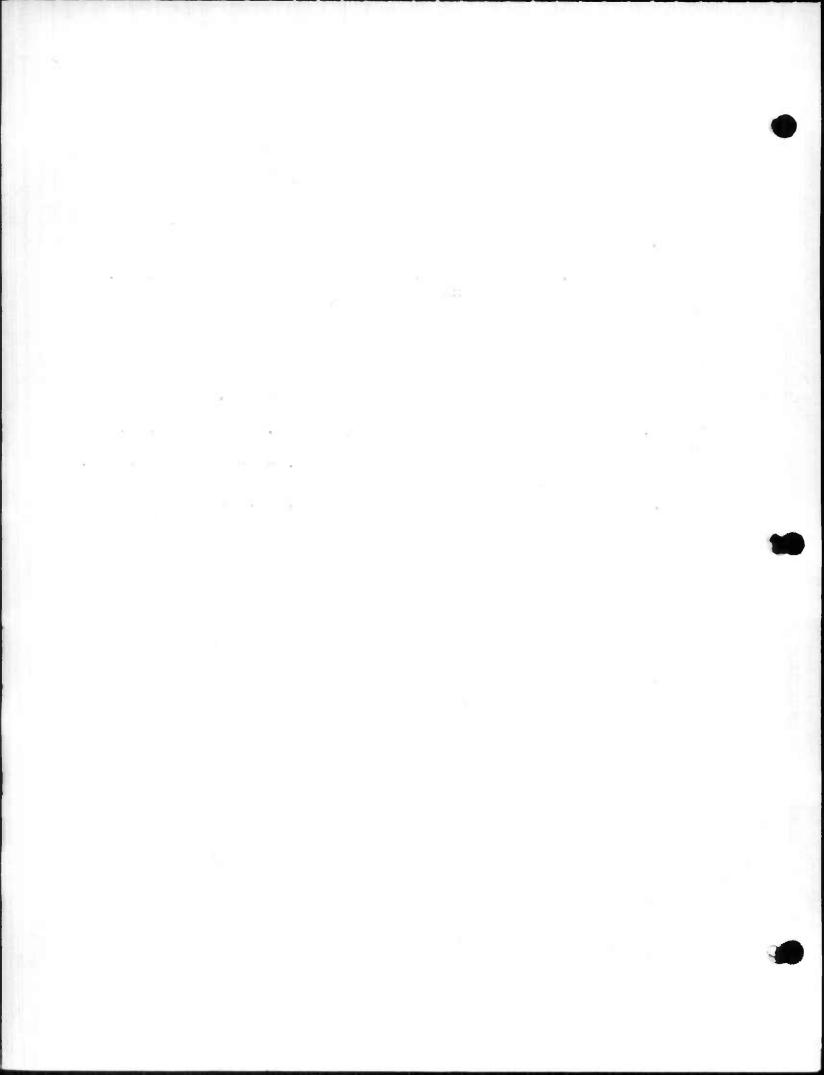
3. TIME OF DEATH 355pm

Approximate Interval Between **Onset and Death** Sminuter

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

8. BIRTNPLACE (State or Foreign Country)

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TO THE MOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours aher death. Page 6 may be retained by the hospital or attending physician.

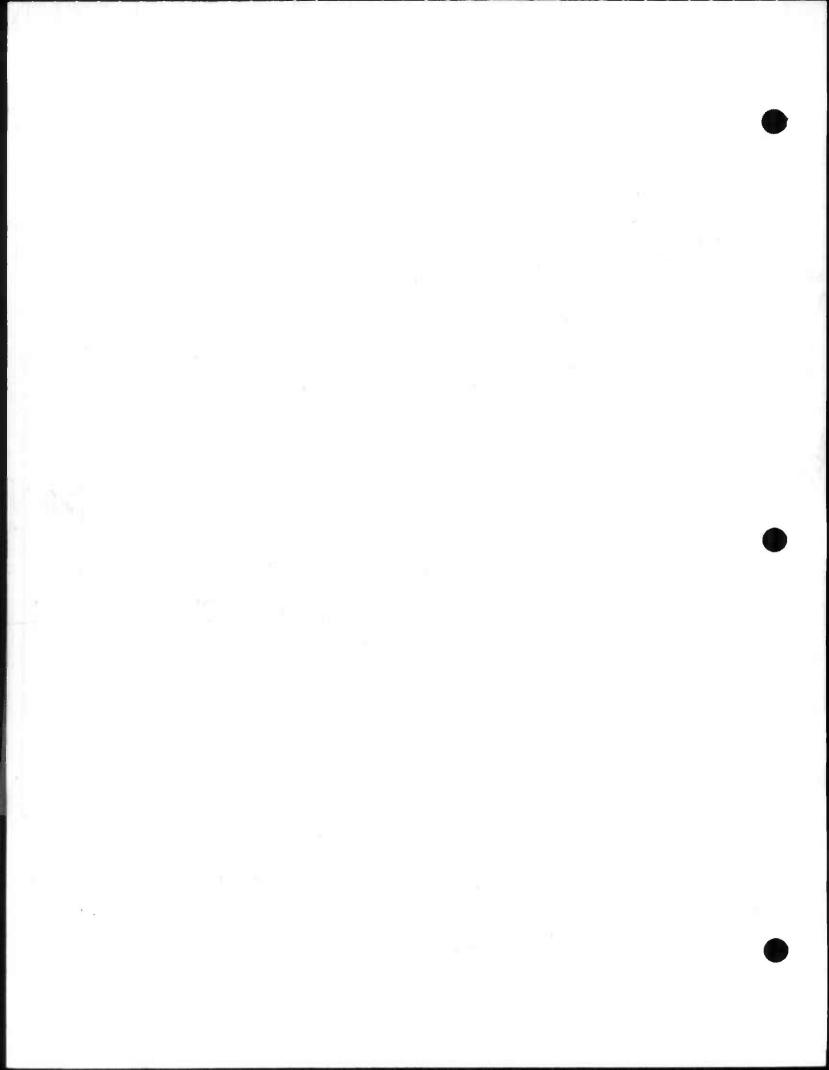
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	CENTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)  ANTHONY  2. DATE OF DEATH MONTH DAY YEAR  2. DATE OF DEATH MONTH DAY YEAR  2. DATE OF DEATH MONTH DAY YEAR  2. DATE OF DEATH										
0.00	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 9. FUNDER 1 YEAR FUNDER 24 HRS. 1. DATE OF BIRTH (Month, Day. Issay 1967 Country) 1. Max 2 F  8. AGE (In yrs. last birthday) 1. MAX 1. DAYS HOURS MIN. 1. MONTHS M										
DIRECTOR	98. FACILITY NAME (If not Institution, the street and number)  90. COUNTY OF DEATH  10 HD  10										
S	MA PTAYE MA COUNTY										
	MD. N/A BATIMORE 100, INSIDE CITY LIMITSO-										
FUNERAL	5616 BENTON HEIGHTS 21206 U.S.A.										
BY FU	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 VES 2 FIG.  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cubas, Mexicen, Puerto Ricen, etc.)  14. RACE — American Indian, Black, White, etc.  15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cubas, Mexicen, Puerto Ricen, etc.)  16. RACE — American Indian, Black, White, etc.  17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cubas, Mexicen, Puerto Ricen, etc.)										
	WHITE										
画	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
COMPLETED	Elementary/Secandary (0-12) College (1-4 or 5+)  ROOFEA  ROOF NG  ROOF NG										
E CON	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)  PIFTRICIA 4. B. 2/ / 19 07										
0	19a MAII ING ADDRESS (Street and Number on Pure) Body Number City at Torry State Street										
5	PATRICIA A BULLARD P.O. BOX 233 LIVELY VA. 22507										
	20s. METHOD OF DISPOSITION    Burlet 2 Decrementor 3   Removal from State   20s. PLACE AND DATE OF DISPOSITION (Name of 2)   20s. LOCATION - City or Town, State   20s. LOCATION - City										
	21. SIGNADINE OF RUMERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 2829 HUDSON ST										
-	Thomas Africa. 1 OKARDA F-H BAYO., MD. 21224										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one cause on each line.  Approximate interval Between										
	IMMEDIATE CAUSE (Final										
	resulting in death) - Stille it DRUG OVERDOSE with Resistive Verebra State and 5MD										
i	disease or condition - Silicit DRUS OVERDOSE with Presistive Vertor State and 5110 Due to (order of consequence of):										
NO											
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING										
F	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST										
빙	d.										
4	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS										
MEDICAL	PERFORMED? ANAILABLE PRIOR TO COMPLETION OF CAUSE										
	1 VES 2 D'NO OF DEATH?										
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
A	25. WAS CASE-REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
PHYSICIAN:	EXAMPLE? HOSPITAL: OTHER:										
₹	TANAMER OF DESTRICT										
古	27. MANNER OF DEATH  280. DATE OF INJURY 1 Netural 5 Pending  280. DATE OF INJURY (Month, Day, Year)  280. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED										
BY	2 Accident Investigation " 1 YES 2 NO										
ED	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)										
	4 Homicide determined City or Town, Stete)										
2	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the pure of my languisday, death occurred at the time, date end place, end due to the cause(e) end menner as stated.										
COMPLET	one)  2 MEDICAL EXAMINER: On the base of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
	20h SIGNATHINI AND TITLE OE CHOTISINI										
H	29d. DATE SIGNEO (Month, 8-97, Year)										
2	20 MAN (10) Afficiency of officery wife course of the cour										
	30. NAME AND ANDRESS OF PERSON WHO COMPLETED CAUTE OF GEATH (ITEM 27) (Type, Print)										
-	Johal R BURTUN 5505 Hopkens Begurn Per Balto 21224										
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE										
	SEP1 81995 Julia Aturity Parker										



TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR	
 STATE	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

_	nedis inan		CI	LATIFIC	AIL	I DEA	I IB		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	777					2. DATE OF DEATH DAY SEPT 11 1995 6:50 P					
	RICARDO  4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	ALDEZ	F UNDER 1 YEA	AR IF UNDER	24 1000	7. DATE O				
	236-35-9780	1 🔀 M 2 🗌 F	6		ONTHS DAY	-	MIN.	(Month,	Day, Year)	Country		PLACE (State or Foreign ry) [aryland
	9e. FACILITY NAME (If not institution, give s	9	b. CITY, TOV	N OR LOCAT	ON OF D	EATN		9c. COUNT	TY OF D	EATH		
TOR	MIDDLESEX SHOT			Ess	ex			BAI	TIL	MORE		
DIRECTOR	Md •	10c. CITY, 1	Pocodale						10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER					10f. ZIP COD	E			10a. CITIZ	EN OF V	WHAT COUNTRY?
FUNERAL	6716 Havenoak R	21237					USA					
BY FUI	11. MARITAL STATUS 1 A Never Married 2 Merried 3 Widowed 4 Divorced	RMED NO	If yes	DECENDENT ( , specify Cubi YES 2 K NO	in, Mexico	n, Puerto Ri	(Specify Yes can, atc.)	or No-	14. RACI Black Speci	E — American Indian, k, White, etc.		
	15. DECEDENT'S EDU		18e. DE	CEDENT'S US	UAL OCCUP	ATION		16b. I	KIND OF BUS	INESS/INDU	JSTRY	11112 00
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	163	live kind of wor . Do NOT use i	ir done during	most of worki	ng					
2	1st	conege (1-4 or 5 +)		Stude	nt					n/a		
8	17. FATHER'S NAME (First, Middle, Last)	<del>.</del>				18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden			
	Silverio John V	aldez				E	etty	Loui	se Tw	roey		
H	19e. INFORMANT'S NAME (Type/Print)		10	b. MAILING AI	DDRESS /Sm						Codel	
임	Katherine Web		2	Bre	slin	Cour	t A	pt.T-	-В Ва	litm	ore	Md.21237
	20a_METHOD OF DISPOSITION  1											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	R Tem	y (	11	1,1	Con	nelly Mace	Fune	eral H				
_	shock, or heert fallure list only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
EDICAL	PART II. Other algnificent condition	reaulting in				244. WAS AN AUTOPSY PERFORMED?		246	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ	DID TOBACCO USE CONT	PIRLITE TO CALL	SE OF DEA	TH VES	Пио		ERTAI	N 🗆				YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	I CAO		CE OF DEATH			LKIM	п			1-	
2	EXAMINER? 1 X YES 2 □ NO	HOSPITAL:		10	TALE O			V		CENE		
PHYSICIAN:	27. MANNER OF DEATN	1 Inpetient 2 E		28b. TIME		Home 5 🗆 R	asidence	T.	(Specify) Z			
BY Pt	1 Natural 5 Pending 2 Accident Investigation	9/11/95	Year)	6:11	TY Y	WORK?  YES 2	(X NO		EXPLOS!		UNED	
	3 Suicide 6 Could not be 4 XX Homicide determined	SEX SHO				28f. LOCA City o	TION (Street e r Town, Stete) BALTIM			AND		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS (Check only one) XXMEDICAL EXAMINE	ICIAN: To the best of my ER: On the basis of exam										e) end menner ee stated.
BE	29b. SIGNATURE AND THE OF CERTIFIE	996	1				C . M			29d. DATE	SIGNED	(Month, Day, Year) 12, 1995
10	30. NAME AND ADDRESS OF PERSON WHO ADDRESS O	Owler	1			treet	., В	alti	more,	, Mar	yl.	and 2120
	SEP1 81995 Jul	22. REGISTRAR	well.									

3. TIME OF OEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

			1. DECEDENT'S NAME (First,	Middle, Last)	HOKE	RKER	THOMA	S EDWAR	RD WOKIRKE		ATE OF DEATH	DAY
			4. SOCIAL SECURITY NUMB	ER	5. SEX	B. AGE (In yrs. In		IF UNDER 1 Y		HRS. 7, D	ATE OF BIRTH	I.T I
	-		120-20-13	89	1 M 2   F	83	YRS.	MONTHS DA	AYS HOURS	MIN.	1.8/12	
	shoule	_	9a. FACILITY NAME (If not in:	stitution, give e	treet and number)			10	WN OR LOCATION		1011	9c. COL
	2.3	TOF	RESIDENCE OF DEC		RUNDEL HOS	PITAL		Gla	m Bur	nic		4
	physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR	100. STATE	10b. COUNTY		ARUNDEL	10c. CITY	Y, TOWN OR L	OCATION GLE	N BURNI	E 6/	
	risit permi	FUNERAL	10e. STREET AND NUMBER	Hen	View AL	u			10f. ZIP CODE	2106	1	10g. CIT
215-0020		BY FUN	11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES ZY		If ye	DECENDENT OF e, specify Cuben, YES 2 ( NO	HISPANIC OR Mexican, Pue Specify:	IGIN? (Specify Yerto Rican, etc.)	es or No-
215	as	8		EOENT'S EOU				USUAL OCCU			18b. KINO OF BU	JSINESS/IN
21	for us	COMPLET	Elementary/Secondary (0	highest grade -12)	College (1-4 or 5	- 100	itve kind of w b. Do NOT us	vork done durin e retired.)	ng most of working			
AND	the hospital detached fo	MP	8			Che	sapea	ike Ba	y Ferry			-
_	by the be det		17. FATNER'S NAME (First, MI Albert		ckor				18. MOTNE		st, Middle, Meider	
MARY	retained by the hospital or att 5 should be detached for use notified at once.	BE	190. INFORMANT'S NAME (7)		rker	19	b. MAILING	ADDRESS (St	reet end Number or		ra Roec	
		임	Elizabeth Wo	kirkeı					w Ave.			
RE,	> 8 4		20e. METNOD OF DISPOSITI	ON n 3 🗆 Reme	oval from State	20h PLACE	AND DATE C	E DISPOSITIO	N /Name of		7	OCATION -
ALTIMOR	Page 6 ma d director, ner must		4 Donation 5 Other	(Specify)			Crem	atory,	Inc. (	09/18/		altim
E	death. Pag huneral dir l. examiner		21. SIGNATURE OF FUNERAL	. SERVICE LIC	The she	u		Cren	e and address ation S	OCIETY	y of Ma	rylan
BA	B		George E					299	Frederi	ck Rd.	. Balti	more,
	in the		23. PART i. Enter the di shock, or ha	seasea, or coart fallure.	complications that List only one cau	t caused the de ise on each line	eath. Do n	ot antar the	mode of dying	, such aa c	cardiac or reap	piratory ar
	Pe ion, mile		iMMEDIATE CAUSE (Fin disease or condition	ai	Dui	MANIAN		TOCA	10			
30	是 age 子		resulting in death)	<b>→</b>	DUE TO	MONAR (OR AS A CONSE	QUENCE OF		171			
68760	P 6 - 6	z			PNE	umon	UA	,				
OX	e be execute sician and co prior to buria traumatic	CERTIFICATION	Sequentially list condition if any, leading to immediate	lista	DUE TO	(OR AS A CONSE	OUENCE OF	):				
BC	certificate be ding physician fygiene prior traur	FICA	CAUSE (Disease or injur		DUE TO	(OR AS A CONSE	OHENCE OF	n.				
P.O.		F	that initiated events requiting in death) LAST		4	(OII AS A CONSE	OUENCE OF	7-				
Ś	0 - 6 -		DART II. Other election									
ECORD	by and	DICAL	PART II. Other aignifican	t condition	a contributing to	death but not	resulting l	n tha under	lying cause giv	an in Part i	. 24a. WAS AP PERFO	RMED?
CO		W ]									1 TYES	2 NO
$\alpha$	sh of	Σ.	DID TOBACCO US	SE CONTE	PIBLITE TO CA	LISE OF DEA	TH VE	s II NO	☐ UNCE	DTAIN	d.	
VITAL	has Dep	SICIAN	25. WAS CASE REFERRED TO					N (Check only		CIAIN L		
VIT	SICIAN: The certificate he the State I the State I, or Item	Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 - Resid	Sence 6 🗆 O	ther (Specify)	
OF	PHYSICIAN: this certifica with the St riked, or it	РНҮ	27. MANNER OF DEATN  1 Netural 5		28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIME	OF 28c	INJURY AT WORK?	28d.	DESCRIBE NOW	INJURY OC
	DING PHYS After this death with	BY	2 Accident	Pending Investigation	20 21 105 0				YES 2	40		
DIVISION				Could not be letermined	building,	F INJURY At he atc. (Specify)	me, farm, si	treet, factory,	office	281. L	OCATION (Street City or Town, State	end Number )
2	OR ATTEN DIRECTOR: hours after Item 28 I	5	29a. CERTIFIER 1 CERTI	EVING DAVE	MAN. To the heat of							_
	1 4 2 E	W D			CIAN: To the best of R: On the bests of ex							
	E FUNE d within	8	296. SIGNATURE ON TITLE	-					29c. LICENS			29d, DAT
	TO THE HOSPI TO THE FUNES TO FILED WITHIN IMPORTANT:	38 O	Though	150 M	EDICAL H	OUSE SI	AFF		D47	609		1
ı		ř	TO MAKE AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	SE OF DEATH (ITE	М 27) (Туре,	Print)			0	
1	5	1	ABDUL K. GA	RUBA	M Com	BRIH AR	WDEL	- HOSPI	IAL 30	1 HOSP	TIAL DRIV.	E.GL
	1		31. DATE FILED SEPPER	8'1995	Jalia di	R'S SIGNATURE	dall		7			

995 3:30 A M 8. BIRTHPLACE (State or Foreign Country) State NY
UNITY OF DEATH ANNE ARUNDEL 9 1061 10d, INSIDE CITY LIMITS? 1 YES X NO TIZEN OF WHAT COUNTRY? 170 14. RACE — American Indian, Black, White, etc. Specify. White DUSTRY Marine ip Code) 1061 City or Town, State ore, MD d, Inc. MD 21228 Approximata **Onset and Death** 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO CURED or Rural Route Number, he ceuse(e) and manner as stated. E SIGNED (Month, Day, Year) EPIEMBER



DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RHE	CALE OF	DEATH	REG. NO.				
	DECEDENT'S NAME (First, Middle, Last)     MARTIN     JOS	SEPH ANDRZEJEWSKI, SR. 2. DATE OF DEATH DAY YEAR SEPTEMBER 13.1995 1									
		OLA AA OLOO STANDER TO MONTHS DAYS HOURS MIN. (Month, Day, Year) Count								LACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give stre 510 STEWART AVENU		_	9b. CITY, TOWN OR LOCATION OF DEATH  GLEN BURNIE  ANNE A						OF DEATH ARUNDEL	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION									od. INSIDE CITY LIMITS?	
	MARYLAND  100. STREET AND NUMBER	ANNE ARUN	IDEL			BURNIE 1. ZIP CODE		ton CITIZEN		AT COUNTRY?	
FUNERAL	510 STEWART AVENU					21061		υ.	S.A	•	
COMPLETED BY	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT B FORCES? 1 5, IF YES, GIVE WAR WW II			If yes, s		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No.— 14.	Black, Specify:	- American Indian, White, etc. WHITE	
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(GA	EDENT'S TO kind of w Do NOT use  ARPEN		ON ost of working	DEPARTM			TERIOR	
	17. FATHER'S NAME (First, Middle, Lest)  JOSEPH FRANCIS		ZEJEWSK	т		18. MOTHER'S NA	ME (First, Middle, Meiden MIELKE	Sumame)	HE:		
BE	19a, INFORMANT'S NAME (Type/Print)	ANDRE			4DDDE66 (01		Route Number, City or Tow.			6.1	
2	MABEL LAVINIA AND	RZEJEWSKI					S.W., GLEN				
	20e, METHOD OF DISPOSITION  1 © Burlet 2 Cremetion 3 Removal from State  4 Donation 5 Other (Special Special S										
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND 21061										
CERTIFICATION	Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Due to los as a consequence of it.  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  Due to los as a consequence of it.										
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	OTHER:	)					
PHYSICIAN:		28e. DATE OF IN (Month, Day,	JURY	28b. TIM	4 Nursing Ho	me 5 PResidence JURY AT ORK?	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUP	RED		
ВУ	1 Affitural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO	201 LOCATION (Street	and Number or	Quest Do	usha Misembar	
ETED	3 Suicide 8 Could not be 4 Homicide determined		F INJURY — At home, farm, street, factory, office stc. (Specify)  28f. LOCATION (Street and Nun City or Town, State)						er or Flural Route Number,		
COMPLE	(Check only one)  29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC P					No.				and menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  Burnasching	, a.	aw	ns	カ	29c. LICENSE NUI	MBER 3 6 6	29d. DATE S	IGNED (	Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  21061										
	BERNARDINO A. ALONSO, M.D., 1600 CRAIN HIGHWAY, S., SUITE 504, GLEN BURNIE, MD.										
	31. DATE FILED (Month, Day, Year)	Jage ground laid AM	JAN INDICAL	-							

Pages 1, 2, 3 should

permit.

has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. requires that the death certificate be executed within 24 OR ATTENDING PHYSICIAN: The law this certificate h After DIRECTOR:

hours

9 1995

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAE SEPTEMBER 14, 5:30 LENA ALLEN Рм 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH FEB. 8, 1912 DAYS HOURS 214-24-3731 1 M 2 X F 83 WADESBORO. YRS. Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL n/a BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE 1 NES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? CLIFTWOOD UNITED 2045 **AVENUE** 21213 STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian. Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced **BLACK** 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) E Elementary/Secondary (0-12) College (1-4 or 5+) COMPL th LABORER STELLA MARIS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) to JOHN LITTLE HUNTLEY BE MINNIE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MARY HOLLIE CLIFTWOOD AVENUE. BALTIMORE, MD 21213 be 20s. METHOD OF DISPOSITION

1 September 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must metory or other place)
MEMORIAL **PARK** 9 + 20RANDAALSTOWN, MD medical examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH **AVENUE** 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Desth the the disease or condition 12 hours DUE TO (OR AS A CONSEQUENCE OF) event, resulting in desth) breast carcinome traumatic CERTIFICATION moulles Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A DONSEOUENCE OF): disease years CAUSE (Disease or injury other that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceues given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any Hypertension 1 TES 2 NO Di ebeles 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Appellent 2 ER/Outpetlent 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Rasidence 8 Other (Specify) 10 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 1 Statural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Soecify) 3 Suicida after de COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) \$ Could not be 4 Homicide detarmined 29a. CERTIFIER 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL O TO THE FUNERAL DI DE FIED WITHIN 72 ho IMPORTANT: If Ite 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE September 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KASZUBA ROBERT JOHNS MOPKINS HOSPITAL. BALTIMORE 22. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

***

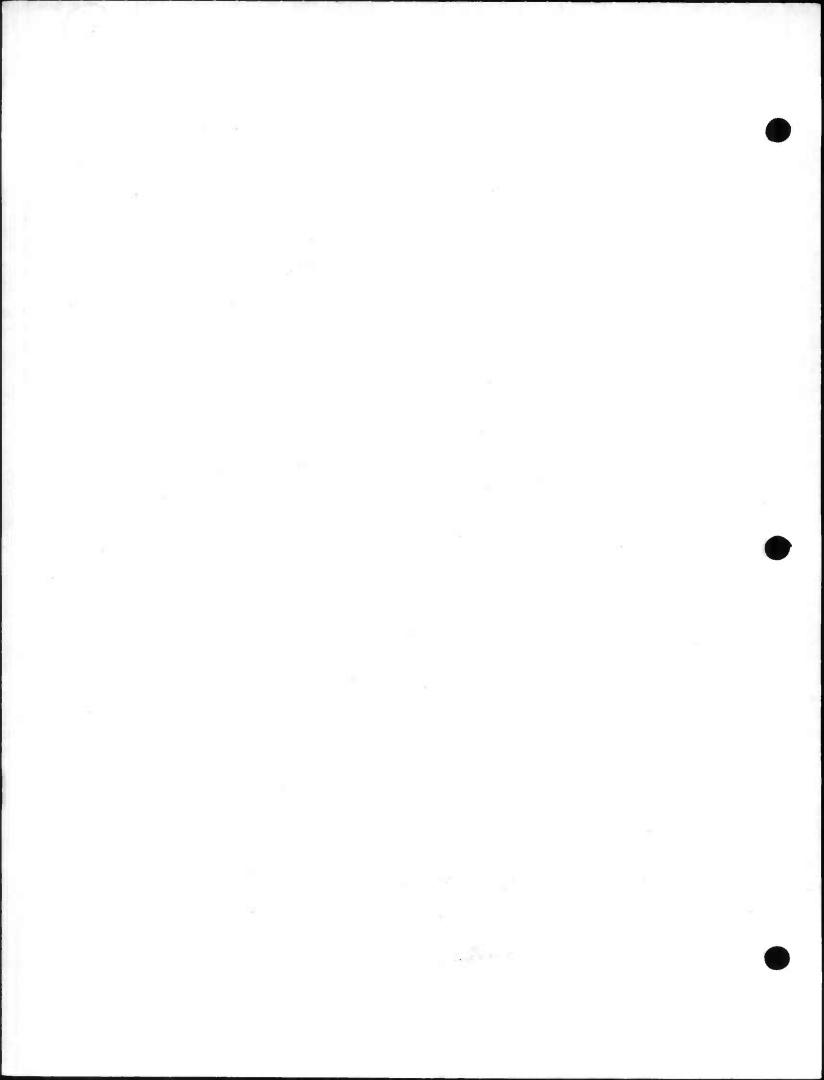
		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTA	L HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	HARLEM HARYET A				MONT	OF DEATH	YEAR 199	3. TIME OF DEATH	
20		4. SOCIAL SECURITY NUMBER 239 . 36 · 2491	1 M 2 F	in yrs. last birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH h, Day, Year)	8. BIRTH Country	PLACE (State or Foreign Caroline	
. 2, 3 should	стов	9a. FACILITY NAME (If not institution, give  LIBERTY MEDI  RESIDENCE OF DECEDENT				MORE C		9c. CO	N/A		
ift. Pages 1,	OIRE	10a. STATE 10b. COUNT	N/A	10c. Ci	BALTI				10d. INSIDE CITY LIMITS? 1 2 YES 2 NO		
an. ransit permit.	NERAL	1558 CLIFTON				1. ZIP CODE 21217		U.S	· A ·		
21215-0020 al or attending physician. for use as the burial-transit	BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC	14. RACE Black Speck BLA					
21215-0 ital or attending for use as the	LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION work done during moise retired.)	ON ost of working		KIND OF BUSINESS/II	NOUSTRY		
	E COMPL	12th  17. FATHER'S NAME (First, Middle, Last)  UNKNOWN	N/a	PRE	SSER	18. MOTHER'S N. ROSE		UN CLEAN  Middle, Maiden Surname)  ALST	den Surname)		
MAR retained 5 should	TO B	190. INFORMANT'S NAME (Type/Print) MARY ALLEN			S (Street and Number or Rural Route Number, City or Town, State, Zip Code) COLLINS AVE BALTIMORE, MD. 21229						
ORE e 6 may ector, pa	100 100	20e. METHOD OF DISPOSITION  1	noval from State	PLACE AND DATE		EMETERY		20c. LOCATION - 9 BALTIM			
SALTI death. P e funeral	CYGUILLE	21. SIGNATURE OF JUNERAL SERVICE L	Comara	ti	1129		OLIN	ETTS FUN E ST. BA	LTO,		
within 24 hours within 24 hours upletely filled in the cremation, or re-	and the same of th	23. PART I Enter the diseases, or shock, or heart failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DISCEMINAT	nch line.	ETRAYAC				rreat,	Approximata interval Between Onset and Death	
P.O. BOX 68 th certificate be execute ending physician and c I Hygiene prior to buria	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
at the modern of the Man	MEDICAL CI	PART II. Other aignificant condition	na contributing to deeth be	ut not resulting	in the underlyin	g ceuae given in	Part i.	24a. WAS AN AUTOPS' PERFORMED?  1 YES 2 NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
law law	AN.	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ES NO TH (Check only one)	UNCERTAI	N.A			1 YES 2 NO	
PHYSICIAN: The this certificate with the State	:	1 🗆 YES 2 🖟 NO 27. MANNER OF DEATH	HOSPITAL:  1 Kinpetiant 2 ER/Outp.  26a. DATE OF INJURY (Month, Day, Year)	26b. TIN	E OF 28c. INJ	ne 5 Residence		r (Specify) CRIBE HOW INJURY O	CCURED		
After th	D BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm,	M 1 🗆 1	YES 2 NO	261. LOC.	ATION (Street and Numbor Town, State)	er or Rural R	oute Number,	
N 4 2 2	MPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the beat of my knowlers: On the beals of examination	edge, death occurr	ed at the time, data	and place, and due	to the cau	ree(a) and menner ee at	ated.		
TO THE HOSPITAL TO THE FUNERAL De filed within 72	H	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				(Month, Day, Year)	
	1	30. NAME AND ADDRESS OF MERSON WIT	to completed cause of Der	ATH (ITEM 27) (Type Meetle	en Ce	wher h	u	Ralhmo			
-/X,		SFP1 0 1995	37. PEGISTRAR'S SIGNA	Kardall							



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

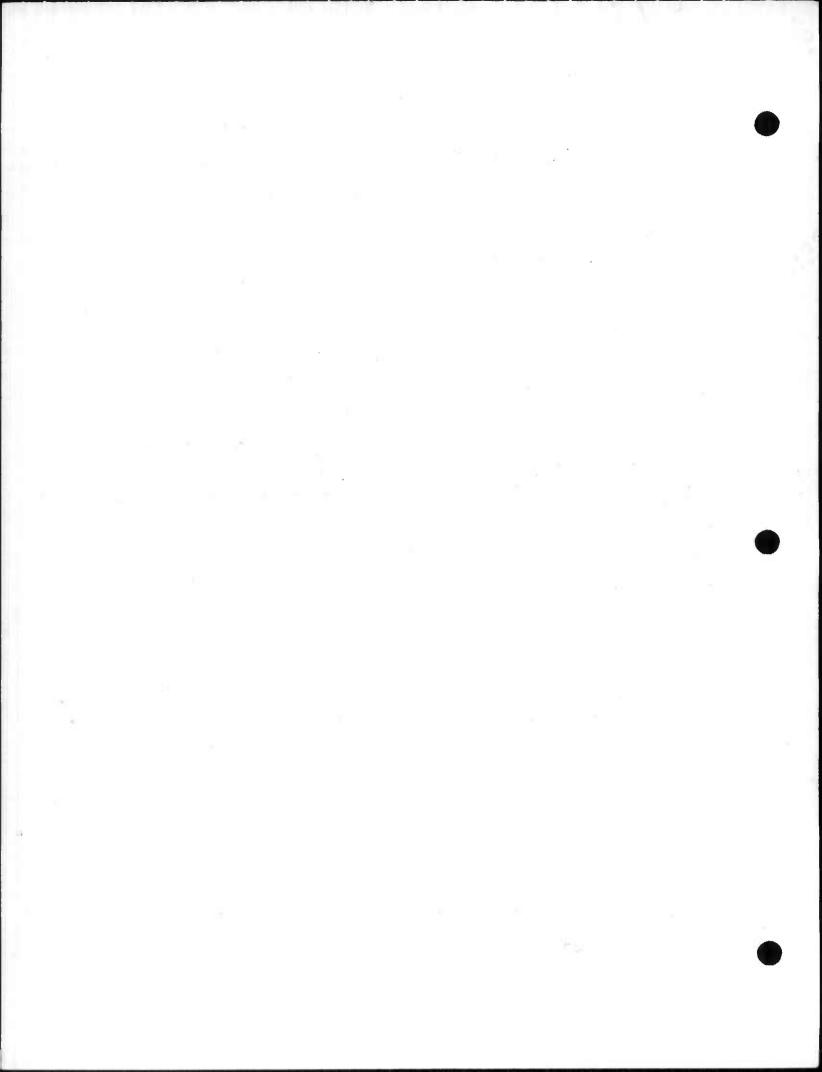
	REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		3. TIME OF DEATH		
	LAWRENCE	AL PERN				SEPTEME	3ER 17	95 8:00 A M		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In y	The second second	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BH (Month, Day,	RTH	8. BIRTHPLACE (State or Foreign Country)		
	219-42-6214	ØM2□F 86	YRS. MO	NTHS DAYS	HOURS MIN.	April	15 1909			
_	9a. FACILITY NAME (If not institution, give street	and number)	98	CITY, TOWN C	R LOCATION OF DE	ATH	9c. CO	UNTY OF DEATH		
DIRECTOR	Prince George Co.	. Hospital		Cheve	rly		Pri	nce George		
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c, CITY, T	DWN OR LOCAT	ION		10d. INSIDE CITY			
E I	Maryland Anne	Arundel		Glan	Burnie		1 TES 2 X NO			
	10e. STREET AND NUMBER	Al didei			ZIP CODE		10g. C	TIZEN OF WHAT COUNTRY?		
FUNERAL	1052 Thomas Rd.	•			21060			USA		
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Spi	ecify Yes or No-	14. RACE — American Indian, Black, White, etc.		
BY	1 Never Married 2 💢 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	2 X NO Specify.		etc.)	Specify: White				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com-	ION 16	ia. DECEDENT'S US	JAL OCCUPATIO	ON st of working	16b, KIND	OF BUSINESS/II	NOUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5+)										
MP	12	4	Actua	ry Chie	21	Soc	cial Sec	curity		
8	17. FATHER'S NAME (First, Middle, Leal)	4.7			18. MOTHER'S NAM	AE (First, Middle,				
BE	Julius	Alpern			Anna			edman		
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural R					
·	Dorothy Anne Malor				Dr. Glen	7		21061 - City or Town, State		
	1 Burial 2 Cremation 3 Removal	from State cemete	ry, cremetory or other	place)	ma or	1				
	21. SIGNATURE OF FUNERAL SERVICE-LICENS		LI O CI EIIIC	22. NAME AN	D ADDRESS OF FAC	HILITY		ore, Maryland		
Ì	Fall d. Ai	FP 1-			ings Fund Mountain			Md. 21122		
	23. PART I. Enter the diseases, or com	plications that caused th	ne death. Do not					rrest, Approximate		
	shock, or haart fallure. List IMMEDIATE CAUSE (Final	I only pre cause on aact	n lina.					Interval Between Onset and Death		
	disease or condition resulting in death)	HYPOT	ENT	ON				LA-DAY		
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions,	CARDIA	CA	RRHY	14M1	H		Kong-day		
E	If any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):	,						
5	CAUSE (Disease or Injury	DUE TO (OR AS A CO	ONSEQUENCE OF							
Ē	that initiated eventa resulting in death) LAST	DOSSI BL		EPT	CEMI	A.		Kow-day.		
CERTIFICATION	d	TOSTION						70. 0		
- 11	PART II. Other significant conditions c			[3	1	Part I. 24a.	WAS AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
DICAL		absorption	1	mi6	lasig.	1	YES 2 NO	COMPLETION OF CAUSE OF DEATH?		
ME	Prostate Concin		10n-110	ayrun	-39 July	Vevia		1 TYES 2 1 NO		
	DID TOBACCO USE CONTRIB				UNCERTAIN	10	,	NIA		
PHYSICIAN:		Q6P!TAL:	PLACE OF DEATH (	THER:						
IYS	1 VES 2 NO 1	Inpatient 2 - ER/Outpatie			e 5 Residence					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	/ WC	PK2 2 NO	28d. DESCRIB	E HOW INJURY O	CCURED		
BY	2 Accident Investigation	280. PLACE OF INJURY -	At home form stre			CAL LOCATION	I /Penat and Numb	per or Rural Route Number,		
9	3 Suicide 8 Could not be 4 Homicide determined	building etc. (Specify)	At nome, ferm, atte	it, metory, offic		City or Tow	(Street and Numb	er or Hural House Number,		
9	29a. CERTIFIER DESCRIPTION ON VEICLA	N: To the heat of an incident	no double	A Abo Ale:	and place and to					
29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as st										
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	& BOU	0 300	)	29c. LICENSE NUM	BER	29d. D.	ATE SIONED (Month, Day, Year)		
10	0 (33771014) 00 / 1/3									
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, Pri	220	: BO	WIE	-M	D-20716.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	URE		1	, ,		01-11.0		
	SEP1 91995 4/4:	4 2 0								
	Jan Alla	The state of the s	-					DHMH-16 Rev 1/89		



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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH LEANDA BERRY SEPTEMBER 12,1995 7:30 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 17-82-888 1 - M 2 X F MAry permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 10a. STATE 10c, CITY, TOWN OR LOCATION INSIDE CITY 1 YES 2 NO nore FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2901 Moshe 21216 uted within 24 hours after death. Page 6 may be retained by the hospital or attending physician. completely filled in by the funeral director, page 5 should be detached for use as the burial-transit rial, cremation, or enroral. Tree a 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-- American Indian, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S FOUCATION 10a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY osmetican 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnar Ħ BE notified FORMANT'S NAME (Type/Print) 2 21215 pe 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of Hust OATE 20c. LOCATION - City or 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATIONE OF FUNERAL SERVICE LICENSE OSEF 21216 w. North ave medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failura. List only one ceuse on each line interval Betwe IMMEDIATE CAUSE (Final Onset and Death the executed within 24 disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 12 days meningiti event, and com o burial, c Immunodeficiency Syndrome traumatic quired CERTIFICATION Sequentially list conditiona, prior to t DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to 2 death certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 6 injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. requires that the MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? shows any 1 TES 2 NO OF DEATH? 1 TES ZO NO peen to DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \overline{\text{NO}}\) UNCERTAIN \( \Boxed{1}\) PHYSICIAN: State Dept. The law 23 certificate has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) ltem. EXAMINER? HOSPITAL: OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 27. MANNER OF DEATH DIRECTOR: After this cer hours after death with the item 28 is marked, of 26a. DATE OF INJURY 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCUREO Netural
Accident 5 Pending Investigation 1 YES 2 NO BY 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner ea stated. 2 MEDICAL EXAMINER: On lion and/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) N2488 12,1945 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHAN FRED 600 North Wolfe 2128 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to bunial, cremation, or remonal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TICOIOTI DAT					10711	-			TIEG. IVO.			
	1. DECEDENT'S NAME (First, Mi	iddle, Last)								2. DATE OF DEATH	W	YEAR	3. TIME OF DEATH
	GEORGE 4. SOCIAL SECURITY NUMBER		WOOD 5. SEX	6. AGE (In yrs. In		_	ROHA			SEP.	16tł	19	95 10:22 PM
	216-14-5013		t X M 2 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 03-1-1923		Country	
	9a. FACILITY NAME (If not instift	ution, give sti	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O						INTY OF DE	ATH
DIRECTOR	NORTH ARU	NDEL	HOSPITAL	ASSOCI	ATION	TION GLEN BURNIE						A.A.	COUNTY
EG EG		DENTY			10c. CIT	18c. CITY, TOWN OR LOCATION							tod. INSIDE CITY LIMITS?
	MARYLAND	ANN	IE ARUNDI	EL	GLEN BURNIE					_	1 □ YES 2XX NO		
FUNERAL	10e. STREET AND NUMBER						21	H. ZIP COO			t0g. CIT		HAT COUNTRY?
Ne l	1208 CATHEDRA	AL DRI	IVE 12. WAS DECEDEN	T EVED IN II S A	OMED	1 12	WAS DE		061	IIC ORIGIN? (Specify Yes	or No.	U.S	- American Indian,
	t Never Married 2 🐰 Ma			X YES 2		"	If yes, s		en, Mexica	n, Puarto Rican, etc.)	01110	Black Specif	, White, etc.
BY	3 Widowed 4 Divorce		WW I										WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)													
Elementary/Secondary (0-12) College (1-4 or 5 +)  12 N/A UNION PRESIDENT POST OFFICE													
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 12 N/A  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  UNION PRESIDENT  16. MOTHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Surname)													
WILLIAM GOLDSBOROUGH BROHAWN GLADYS WARD													
2	MARY F. E	Print) BROHAV	NN							GLEN BURN			1061
	20a. METHOD OF DISPOSITION XXX Burlet 2 Cremation 4 Donation 5 Other (Sc	3 Remo	oval from State	cemetery, c	EANDDATE crematory or CON_PA	ther place	9)			9/21/95 20c. LO			wn, Stata MARYLAND
	21. SIGNATURE OF FUNE AL S		ENGER	LOOD					SS OF FA	CILITY SINGLE			
	· 1/18	Da	the				GLES GLES	COND	NIE,	NUE SAND	21	061	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Sophic Schools  a. Sophic Schools												
CERTIFICATION	Sequentially list condition if any, leading to immedia cause. Enter UNDERLYIN CAUSE (Disease or injury	g G	OUE TO DUE TO DUE TO	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS	EOUENCE C	ori: Ori: So	Cui	g (	las	ulces	2		
ERTIF	that initiated events resulting in death) LAST	L.	0	men	tic	/*):							
	PART ii. Other aignificant	condition	a contributing to	death but not	t reaulting	in the	underlyi	ng cause	given in	Part i. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	Hypo	My	roridi.	Sm.						t TYES			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC		J											t Nes 2 No
	DID TOBACCO USI		RIBUTE TO CA		ATH Y				CERTAII				
Si Si	25. WAS CASE REFERRED TO DE EXAMINER? 1 YES 2 WOOD	MEDICAL	HOSPITAL:			ОТН	ER:		haddanaa	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH		26a. DATE OF	INJURY	28b. TII		26c. II	NJURY AT	esioenca	28d. OESCRIBE HOW	NJURY O	CCURED	
ВУ Р	1 Natural 5 Pe	ending restigation	(Month, E	oay, reer)		M		YES 2	□ NO				
3 Suicide 4 Homicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, straat, factory, office 29s. CERTIFIER (Check only one) 29s. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as a									Route Number,				
PE	Check only	YING PHYSI	CIAN: To the best o	l my knowledge,	death occur	red at the	e time, da	ta and plac	e, and due	to the cause(s) and ma	nner sa st	ated.	
S	one) 2 MEOICA	AL EXAMINE	R: On the besie of	samination and/o	or investigat	lon, In m	y opinion,	death occi	ured at the	time, data and place, a	nd due to	the cause(s	) and menner as stated.
BE	29b. SIGNATURE AND VITLE O	F CENTIFIE		الر		3 1	UD.		CENSE NUI	470	29d. DA	TE SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF F							P #05	.0./0-	DI DIDNET	MAT	SZT ANT	D 21061
	GURMEET					'AL I	DRIV	E #20	)2/GL	EN BURNIE,	MAh	(YLAN	D 51001
	31. DATE FILED (Month, Day, Voar)  SEP 1 9 1995  Alia Muslam Randall												

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSP THE FUNE fled within	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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										20	£	0047
	1 - FOR STATE REGISTRAR	STATE OF MAR			RTMENT OF			MENTA	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH		YEAR 3.	TIME OF DEATH
	WILLIAM	E		BE	NNETT							2.35 pM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER	_	7. DATE	OF BIRTH		DISTMOL /	CE (State or Familia)
	214-26-5132	1X M 2 🗆 F	83	B YRS. MONTHS DAYS HOURS MIN. Apr					ril 5,1912 Tenn			nnessee
	9e. FACILITY NAME (If not institution, give st				9b. CITY, TOWN	OR LOCATI	ON OF DE	ATH		н		
OR	1450 BATTERY AV	/ENUE			BALT	IMOR	E				non	e
5	RESIDENCE OF DECEDENT		т									
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN OR LOC		N/A				10	d. INSIDE CITY LIMITS?
	Mary1and Mary1and	none		В	alto.C:							X YES 2 NO
M	10e. STREET AND NUMBER				1	H. ZIP COD						T COUNTRY?
Ħ	1450 Ba		21:	230			Unite	ed S	tates			
FUNERAL	11. MARITAL STATUS	MED O		CENDENT (			? (Specify Yes	or No-	4. RACE — Black, W	American Indien,		
ВУ Б	1 Never Married 2 Merried  35 Wildowed 4 Divorced		2 NO			vicant, attacy		Specify:	White			
	3X Wisowed & Divorced	1931 un	til 19	945						1		
Ш	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Gh	e kind of	Work done during n	ON ost of working	ng	16b	KIND OF BU	SINESS/INDUS	STRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)			se retired.)					_		~
₩ M	8th.Grade	none	Ва	arre	el Mec	nani	<u> </u>		Epple	er Ba	rrel	Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								Middle, Meiden			
BE (	Wi	<u> 11 iam L.</u>	Bennet	tt		C	arri	le	Ι	ulane	еy	
	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	end Number	r or Rural F	Route Num	ber, City or Tow	n, State, Zip C	ode)	
2	Mr.Clarence_E.B	ennett		1920	6 Augus	st A	ve.E	3alt	o.Md.	212:	22	
	20e. METHOD OF DISPOSITION  TYPE Burlet 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camelory, cremetory or other place)  Md. Vet. Cemt. Crownsville 9/18/95, Crown									Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   MCCully Funer								1 Hon		-	d.21230 Fort Ave
	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arterios	on each line.	tic	Cardi						Bt,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  aArteriosclerotic Cardiovascular Due to (or as a consequence of):  b.  Due to (or as a consequence of):  c.  Due to (or as a consequence of):  d.											
MEDICAL	PART II. Other algorificant condition						given in	_	24a. WAS AN PERFO	RMED?	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTI	KIBUTE TO CAUS			TH (Check only on		JCKIAII	<b>4</b> L				
S	EXAMINER?	HOSPITAL:			OTHER:							
ΥS	1 TYES 2 NO	1 Inputient 2 EF			4 Nursing Ho		esidence			IN HIMY DOC:		
P	27. MANNER OF DEATH  280. DATE OF INJURY (Month, Day, Year)  280. TIME OF INJURY WORK?  280. DESCRIBE HOW INJURY OCCURED WORK?											

1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 5 Pending trivestigation

28c. INJURY AT WORK? 28b. TIME OF INJURY М 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

1 YES 2 NO

26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29c. LICENSE NUMBER O.C.M.E. 29d. DATE SIGNED (Month, Day, Year) august 22,1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 CERTIFYING PHYSICIAN: To the best of my

DAVID R.FOWLER

29b. SIGNATURE AND TITLE OF CERTIFIER

8 Could not be

2 X MEDICAL EXAMINER: On

1 X Natural

2 Accident

3 Suicide

4 Homicide 29e. CERTIFIER

BE COMPLETED BY

2

111 Penn Street, Baltimore, Maryland

31. DATE FILED (Month, Day, Year)
SEP1 91995

2. REGISTRAR'S SIGNATURE

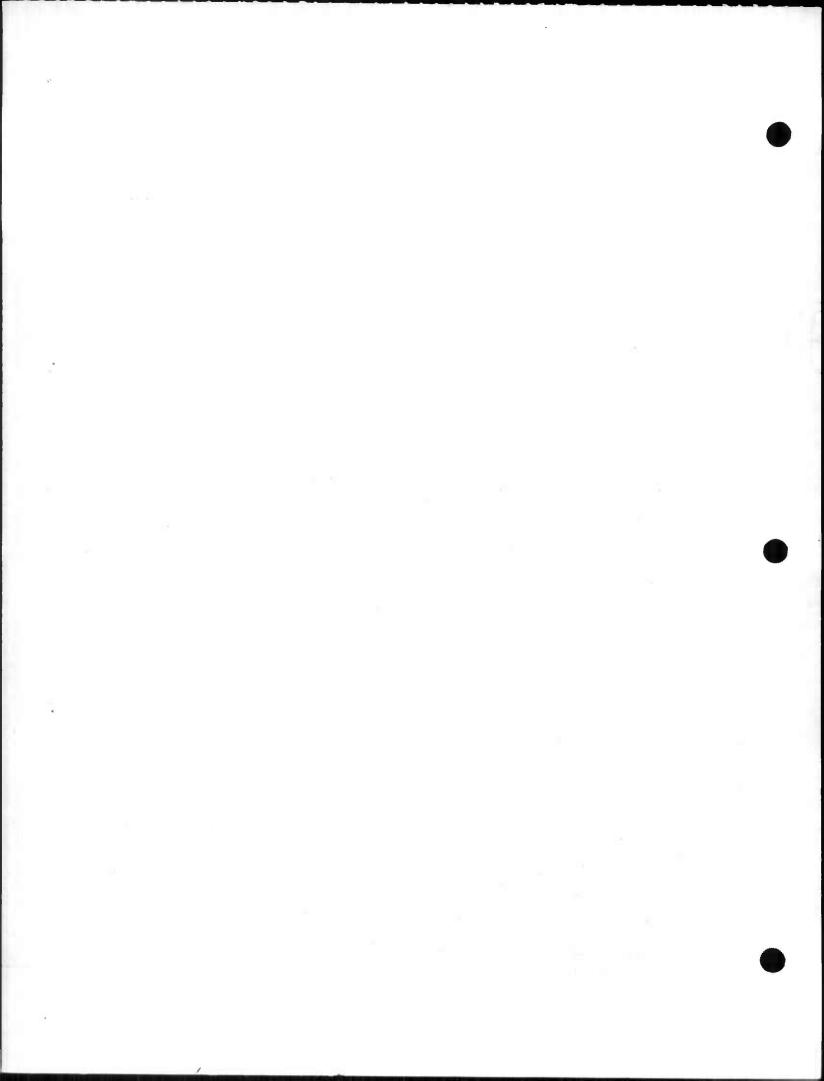
DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HO	THE FUI	be filed with	IMPORTAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE (	OF DEATH	REG. NO.					
	1. OECEOENT'S NAME (First, Middle, Last)	T		DOLUM		2. DATE OF OEATH DV SEP. 1	W 1-	YEAR 3. 1	12:45 AM m		
	CATHERINE  4. SOCIAL SECURITY NUMBER	E 5. SEX 6.	AGE (In yrs. last birthday)	BOWEN	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	Oth		12:45 AM M		
	213-01-5888	1 - M 2 - F	90 YRS.	MONTHS DA		April 25,		Maryla Maryl	and		
_	9a. FACILITY NAME (If not institution, give st								COUNTY OF DEATH		
DIRECTOR	NORTH ARUNDEL H	OSPITAL AS	SOCIATION	GLE	N BURNIE		Α.	A.A. COUNTY			
<u>ا</u> ي	10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY			
	Maryland			Baltim	ore				YES 2 NO		
FUNERAL	100. STREET AND NUMBER	oss St.			101. ZIP CODE 21230		10g. CITE	U.S.			
5	11. MARITAL STATUS	12. WAS DECEDENT ET	VER IN U.S. ARMEO		OECENOENT OF HISPAI s, apecify Cuben, Mexico	NIC ORIGIN? (Specify Yes	or No-	Block, Wh	American Indian,		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR			YES 2 X NO Specif			Specify:	White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u			Bible B	)ocor	dingo			
M	1.2 17. FATHER'S NAME (First, Middle, Lest)		Secre	etary	18 MOTHER'S NA	AME (First, Middle, Maiden		arngs			
		se W. Bower	n		and the same of th	roline Arno					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (St	reet and Number or Rural	Route Number, City or Tow	n, State, Zip	Code)			
2	Kenneth Meinha	ardt	680 (	C St. I	Pasadena,Ma	aryland 21:	122				
	20s METHOD OF OISPOSITION 1 Buriel 2 Cremetion 3 Image: 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE			OATE 20c. LO 12,1995 Ba		city or Town, re, Ma			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER 200 /	1		Cully Fund						
	Jun &	HY	Sull	32	204 Mounta:	in Rd. Pasa	adena	, Mary	land 21122		
	23. Part i. Enter the diseases, or complications that educed the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heart failure. List only one cause on each line. Onest and Death										
	IMMEDIATE CAUSE (Final disease or condition	AS	DINCH	711	02				Onset and Daeth		
	resulting in death)	a. OUE TO JOT	TAS A CONSEQUÊNCE O	OFI:					200HE		
_			31/4	-					1		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	AS A CONSEQUENCE	DF): / /							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	R AS A CONSEQUENCE O								
Ë	that initiated events resulting in death) LAST	552 10 (01	AS A CONSCOURNCE C	<i>i</i> ,				İ			
CE		d									
AL.	PART II. Other algolificent condition	na contributing to de	ath but not resulting	in the under	rlying cause given in	Part I. 24s. WAS AN		AW	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE		
EDICAL				-		1 TYES	NO NO	OF	DEATH?		
Σ	DID TOBACCO USE CONT	DIRLITE TO CALL	SE OF DEATH V	ES I NO	UNCERTAI	NΠ		1.[	YES 2 NO		
AN	25. WAS CASE REFERENCE TO MEDICAL	I CAU	28. PLACE OF OE			N L					
SIC	EXAMINER?  1  YES 2 NO	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	Home 5 - Realdence	8 Other (Specify)					
PHYSICIAN:	27. MANNER OF OEATH  1 Netural 5 Pending	28a. DATE OF IN. (Month, Day,		JURY	c. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OC	CUREO			
2 Accident Investigation   Investigation   2 No   2									Number,		
COMPLETED	The COUTEDING		ed every and		en						
MP	roman into					a lo the cause(a) and ma e lime, data and placa, a			d menner as stated.		
8	290. SIGNATURE AND THE OF ERRIFIE	*00 1	M.	1	29c. LICENSE NU		29d, D&P	E S GMED (MG	Gran Ser		
TO BE	1 200	yore	1) 1197,	10 -	10	01378	1	1/2/	as		
-	ELMO M. GATOS		OF DEATH (ITEM 27) (Typ) 3-F PENINS		RM ROAD/AR	NOLD, MARY	LAND	21012			
	31. DATE FILED (Month, Day Mar)	The state of the s	SIGNATURE								
	SEP1 91995	Hollin When	derbedell								



BALTIMORE, N LAND 21215-0020	the death certificate be executed wir in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	y the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per
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MOR	вы в ша	firector, p
ALT!	leath. Pa	funeral
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	SUDON	d in b
	24	All All
0	rit in	pleteh
S, P.O. BOX 68760	outed v	y the attending physician and completely filled in by the
×	600	2 3
0	te b	SICI
. E	tifica	Page 1
0	Cer	nding
, F	leath	atte
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DIVISION OF VITAL RECO

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wif in 24 hours after death.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral	and the state of the state of the Party and March March March State of the state of
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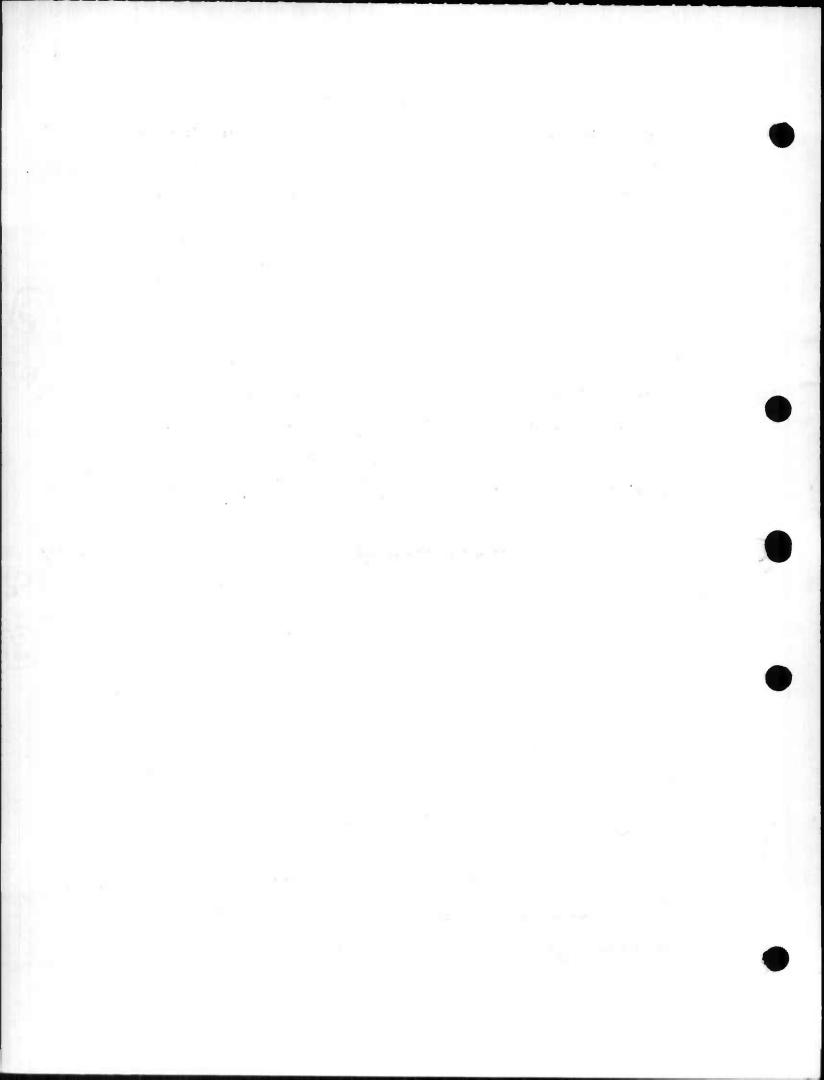
22 S. Green St.

31. DATE FILED (MORTH, Day, Most)
SEP1 9 1995 Julia d

32. REGISTRAR'S SIGNATURE

1	FOR STATE REGISTRAR		STATE OF N	MARYLAN	ID / DEPAR					ENTA	REG. NO.				
,	Arthur Bertrand  4. SOCIAL SECURITY HUMBER  5. SEX  8. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   T. DATE OF BIRTH (Month, Day, Year)												EAR	TIME OF DEATH	
	4. SOCIAL SECURITY HUME 216-20-926	ER	-	6. AGE (In )	yrs. last birthday) YRS.			-	0.0004	(Monti	OF BIRTH	0.	BIRTNPL Country)	ACE (State or Foreign	
Ħ.	90. FACILITY HAME (If not in UNIVERSITY					9b. CITY		ALTIM		TH		BALT		RE CITY	
DIMECTOR	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ATION					1	Od. INSIDE CITY	
	MARYLAND	BALT	IMORE					BALTI		(,	ARBUTU		1 VES 2X HO		
HA	100. STREET AND HUMBER	DOAD			10f. ZIP CODE					10g. CITIZEN O				S.A.	
BY FUNEHAL	11. MARITAL STATUS  1 Never Married 2 X  3 Widowed 4 Dive	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IH U YES WAR OR DATE	2 NO		If yes, sp		HISPANIC	ORIGH	N? (Specify Yee Ricen, etc.)	or No 1	I. RACE -	- American Indian, White, etc.	
CIED		EDEHT'S EDUCA y highest grade or		10	16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						, KIND OF BUS	IHESS/IHDUS	STRY	3 3 3 3 3 3	
7.5	Elementary/Secondery (to 10TH GRADE	3-12)	College (1-4 or 5	+)	TRAFF	ANAG	ER		C	& P T	ELEPHO	ONE (	COMPANY		
COMPLE	17. FATNER'S HAME (First, A	fiddle, Last)			114121	10 14	21.110		ER'S HAM		Middle, Maiden		7112	00111111	
L L	ARTHUR LEO	BERTRA	ND			•		SAD	IE M	ARI	E ROBE	L		1.3%	
2	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										ode)				
	MRS. ROSE ANN E. BERTRAND  1209 JUNE ROAD - ARBUTUS, MD 21227  20a. METNOD OF DISPOSITION 1 X Burlisi 2 Cremetion 3 Removal from State  20b. PLACE AND DATE Of DISPOSITIOH (Name of cemetery, gremetory or other place)  20c. LOCATIOH - City or Town, State														
		on 3 🗆 Remov	rel from State		UDON PA					9/2		LTIMOI			
	shock, pr heert fellure. List only one ceuse on each line.										Approximate				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Cerebellar Hemorrhage  Due to (or as a consequence of):										Onset and Dea				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
MEDICAL C	PERFORMED? AM									NERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
ä	DID TOBACCO U		BUTE TO CA						ERTAIN		-				
SICIA	25. WAS CASE REFERRED ' EXAMINER?  1 YES 2 HO		HOSPITAL:		S. PLACE OF DE	OTHE	R:	ne 5 Res	aldence 1	Oth.	er (Snecity)				
У РНУ	27. MANNER OF DEATH	Pending Investigation	28e, DATE OF		28b. TI		28c. IH	JURY AT ORK?			SCRIBE HOW I	HJURY OCCL	RED		
8 03	2	Could not be determined		OF IHJURY -	At home, lerm,	street, fac	tory, attl	ce			CATIOH (Street of or Town, Stete)	and Number o	r Rural Ro	ute Number,	
MPLET	CONSTRUCTION OF THE PROPERTY O		AN: To the best o											end manner ee stated.	
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)														

- DR. ANDREW CHIOU - BALTIMORE, MD



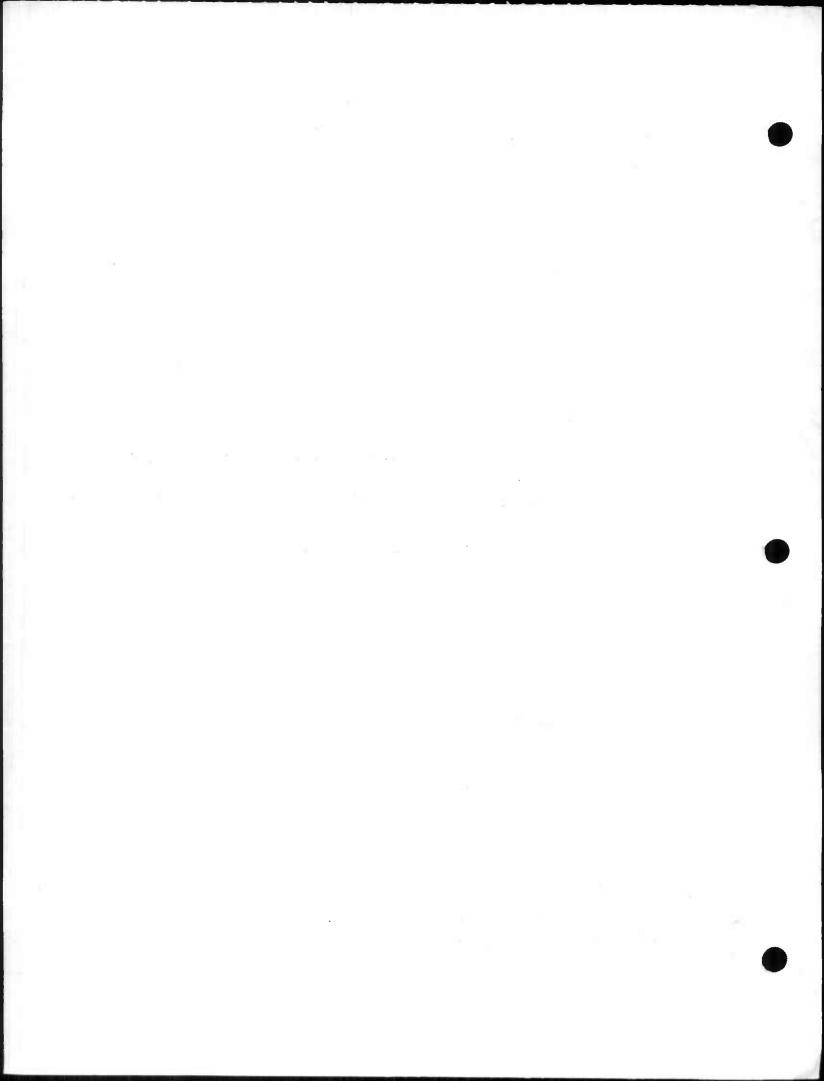


	TIEM:	23	PART	Ι,	PER	SUP.	PHYSICIAN	FILM	G - 728	10/25	/95	t.t
_	FOR STATE				5	STATE	OF MARYLAN	ID / DI	EPARTM	ENT OF	HEA	ALTH A

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	CATE (	F HEALTH AND	MENT	AL HYGIENE REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)  CATHERINE	R.	Be	OCZ	AR	MON	E OF DEATH		YEAR	630 AM		
TOR	220-072428 1	□ M 2 □XF	(In yrs. last birthday) 85 YRS.		NYS HOURS MIN.	3-	E OF BIRTH	0	MAR	YLAND		
	96. FACILITY NAME (If not institution, give street CHURCH HOSPITAL RESIDENCE OF DECEDENT			IMORE	DEATH	9c. COUNTY OF DEATN N/A						
DIRECTOR	MARYLAND N/A		ALTIM				Od. INSIDE CITY LIMITS?  YES 2 ND					
BY FUNERAL	716 S. POTOMAC STREET				101. ZIP CDDE 21224			AT COUNTRY?				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, DIVE WAR OR DATES			RMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes of the year specify Cuban, Mexicen, Puerto Rican, etc.)  1  YES 2 ND Specify:						r No— 14. RACE — American Indian, Black, White, atc.		
COMPLETED	(Specify only highest grade completed) (Gh Elementary/Secondary (0-12) College (1-4 or 5+)			retired.)	PATION g most of working	16b. KIND OF BUSINESS/INDUSTRY				,		
BE COM	17. FATHER'S NAME (First, Middle, Last) JOHN ZUBROWSKI	KITCHEL	TCHEN AM. NA  18. MOTHER'S NAME (First, Middle, Melden  LILLIANPELAGIA						ATIONAL Surneme)			
10 B	190. INFORMANT'S NAME (Typo/Print) MR. ROBER BOCZAF			ROAD BA			State, Zip C					
	1  X Suriel 2   Cremation 3   Removal from State   Cametery, cred			STANISLAUS CEM. 9-20 B.					LOCATION — City or Town, State ALTO. MD.			
	22. NAME AND ADDRESS OF FACILITY  KACZOROWSKI FUNERAL HOME 2525 FLEET ST. BALTO. MD. 21224									1224		
	23. PART I. Enter the diseases, or bomplications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on asch lina.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEDUENCE OF):  Approximate interval Between Onset and Death Cause or condition as the consequence of the c									Interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE DF):  d.											
MEDICAL	PART II. Other aignificant conditions of	out not resulting in	the under	lying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO			A C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATN?  YES 2 NO			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:											
PHYSICIAN:	1 YES 2 ND 1  27. MANNER OF DEATN  1 Natural 5 Pending	26e. DATE DF INJURY			INJURY AT WORK?	110.000.000.000.000.000						
IED BY	Accident Investigation    Accident   Investigation	— At home, term, at	M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the causa(e) and manner as stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the causa(e) and manner as stated.											
O BE C	296. SIGNATURE AND TITLE OF GENTIFIER		29c LICENSE NUMBER 29d. DATE SIGNED (Month)						fonth, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DUNCEST TITANSI, MIN. HURCH HOSPITAL, BALT MO 21231  31. BATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE											
	SEP1 91995 July	Dhuder L	LU									

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vires that the death certif	signed by the attending	Health and Mental Hygier	ws any injury, or oth
requires that the death certif	een signed by the attending	of Health and Mental Hygier	shows any injury, or oth
law requires that the death certii	as been signed by the attending	lept. of Health and Mental Hygier	23 shows any injury, or oth
The law requires that the death certif	ate has been signed by the attending	tate Dept. of Health and Mental Hygien	tem 23 shows any injury, or oth
JAN: The law requires that the death certif	rtificate has been signed by the attending i	he State Dept. of Health and Mental Hygier	or item 23 shows any injury, or oth
YSICIAN: The law requires that the death certil	s certificate has been signed by the attending i	th the State Dept. of Health and Mental Hygier	id, or item 23 shows any injury, or oth
PHYSICIAN: The law requires that the death certii	r this certificate has been signed by the attending	h with the State Dept. of Health and Mental Hygier	arked, or item 23 shows any injury, or oth
MNG PHYSICIAN: The law requires that the death certii	After this certificate has been signed by the attending	seath with the State Dept. of Health and Mental Hygier	marked, or item 23 shows any injury, or oth
ENDING PHYSICIAN: The law requires that the death certii	DR: After this certificate has been signed by the attending	ter death with the State Dept. of Health and Mental Hygien	8 is marked, or item 23 shows any injury, or oth
ATTENDING PHYSICIAN: The law requires that the death certii	ECTOR: After this certificate has been signed by the attending	is after death with the State Dept. of Health and Mental Hygien	n 28 is marked, or item 23 shows any injury, or oth
OR ATTENDING PHYSICIAN: The law requires that the death certii	DIRECTOR: After this certificate has been signed by the attending	hours after death with the State Dept. of Health and Mental Hygien	Item 28 is marked, or item 23 shows any injury, or oth
ITAL OR ATTENDING PHYSICIAN: The law requires that the death certii	NAL DIRECTOR: After this certificate has been signed by the attending	72 hours after death with the State Dept. of Health and Mental Hygien	If Item 28 is marked, or item 23 shows any injury, or oth
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certii	INERAL DIRECTOR: After this certificate has been signed by the attending	thin 72 hours after death with the State Dept. of Health and Mental Hygien	INT: If Item 28 is marked, or item 23 shows any injury, or oth
E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certii	E FUNERAL DIRECTOR: After this certificate has been signed by the attending	d within 72 hours after death with the State Dept. of Health and Mental Hygien	RTANT: If Item 28 is marked, or item 23 shows any injury, or oth
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OTATE OF MA			ATE OF		2. DATE OF DEATH MONTH DAY H SEPTEMBER 14, 1995 8:44A M  1. UNDER 24 HMS. 7. DATE OF BIRTH DURB MMH. MAY 1951  DOCATION OF DEATH ORE  100. CCATION OF DEATH ORE  100. CCATION OF DEATH ORE  100. CITIZEN OF WHAT COUNTRY? 11. MINSIDE CITY 12. YE so 2 no  100. CITIZEN OF WHAT COUNTRY? 11. RACE — American Indien, Black, White, atc. BPACK  100. Specify:  100. KIND OF BUSINESS/INDUSTRY DEPT. SOCIAL SERVICES  101. MOTHER'S NAME (First, Middle, Maiden Surname)  MILDRED BRAXTON  Number or Rural Route Number, City or Town, State, Zip Code)  K. RD. BALTIMORE, MD. 21212  101. OATE 20c. LOCATION — City or Town, State ARK 9/21 RANDALLSTOWN, MD.  ADDRESS OF FACILITY BETTS FUNERAL HOME N. CAROLINE ST. BALTO, MD21213  of dying, such as cardiac or respiratory arreat,  Approximats Interval Between Onset and Death					
	t. OECEOENT'S NAME (First, Middle, Lest)  VELVET	MAE			BRAN	ICH	SE	MONT	H DA	14,	1995	
	4. SOCIAL SECURITY NUMBER 214-56-3687		AGE (In yrs. last t		UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		Country)	NCE (State or Foreign
Œ	9a. FACILITY NAME (If not institution, give st	14.64					ON OF DE			9c. COUNT		Н
CTO	4717 OLD YORK						<u> </u>			117 2		
DIRECTOR	MD 10a. STATE 10b. COUNTY	N/A			TIMOR		TY				1.0	LIMITS?
FUNERAL	100. STREET AND NUMBER 4717 OLD YORK ROAD			101. ZIP CODE 21212								
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI			RMED 13. WAS DECENDENT OF HIS						or No 1	4. RACE -	American Indien,
ВУ	t Never Married 2 Married FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES			NO If yes, specify Cuben, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify:					Rican, etc.)			
TED	15. DECEDENT'S EDUC (Specify only highest grade	16a, DECI (Give	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working In. Do NOT use retired.)					. KIND OF BUS	BINESS/INDU	STRY		
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	17. FATHER'S NAME (First, Middle, Lest)							Middle, Malden				
BE	LEALON  19a. INFORMANT'S NAME (Type/Print)	PRATT	19b.	MAILING ADI	ORESS (Street e			_	ther City or Town			
10	SHERRY MC	CALLUM										1212
	20e. METHOD OF DISPOSITION  TX Buriel 2 Cremetion 3 Remote the Control of the Con	ovel from State	20b. PLACE AN cemetery, cremi KING					1				
	21. SIGNATURE OF FUNERAL SERVICE LIQ	ENSEE	1	-	22. NAME A	ND ADDRES	SS OF FA	CILITY	BETTS	FUNI	ERAL	HOME
	22 BATT / Fotor the disease	(ron	aru									MDZIZIS
			SHEAD THE CAS	th. Do not	onter the mo	de of dyl	na suci	h ee cer	disc or mani	retory erro	nf fn	Approximate
	/shock, or hasrt failure.	List only one cause  MULTII	on each line.						disc or respi	ratory arre	at,	Interval Between
327	shock, or hasrt failure.	List only one cause  MULTI	on each line.  PLE  R AS A CONSEOU	STAI					disc or respi	ratory arre	at,	Interval Between
ATION	shock, or hast thilure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, isading to immediats	s. MULTI OUE TO (OF	on each line.	STAT UENCE OF):					disc or respi	ratory arre	at,	Interval Between
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	s. MULTI OUE TO (OF DUE TO (OF	PLE R AS A CONSEOL	STATUENCE OF):					disc or respi	ratory arre	at,	Interval Between
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ICAL	Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. OUE TO (OF OUE TO (OF O.	ON EACH INA.  P L CONSEOL  R AS A CONSEOL  R AS A CONSEOL	STATUENCE OF):  JENCE OF):	3 W	not	VIR	\$	24a, WAS AN PERFOR	AUTOPSY IMED?	24b. WE	Interval Between Onset and Daeth  Property Findings Interval Prior To Interval Prior
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MEDICAL	shock, or hast failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	B. OUE TO (OF OUE TO (OF OUE TO (OF OE OE OUE TO (OF OE OE OUE TO (OF OE	ON each line.  P L A S A CONSEOL  R AS A CONSEOL  P SE OF DEAT	STATUSENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):  JENCE OF):	he underlyin	g cause (	VID.	Part i.	24a, WAS AN	AUTOPSY IMED?	24b. WE AM CO	Interval Between Onset and Daeth  RE AUTOPSY FINDINGS NULBLE PRIOR TO MPLETION OF CAUSE DEATH?
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ED BY PHYSICIAN: MEDICAL	Shock, or hast failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DID TOBACCO USE CONTERMS CAUSE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	BIBUTE TO CAUSE  Contributing to de  RIBUTE TO CAUSE  ACCOUNTY TO CAUSE  BUTTO CAUSE  CONTRIBUTE TO CAUSE  CONTRIB	on each line.  P AS A CONSEOL  R AS A CONSEOL	JENCE OF):  JENCE	NO Check only one)  THER: Nursing Hon   g cause g	given in	Part i. 8	24a, WAS AN PERFOR	AUTOPSY MED?  NO  NJURY OCCU	24b. WE AM COOP 1	Interval Between Onset and Daeth  PRE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  VES 2 \( \text{NO} \) NO	
ED BY PHYSICIAN: MEDICAL	Shock, or hasrt failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  DID TOBACCO USE CONTEST OF THE STANDARD CONTEST OF THE ST	BLIST TO CAUSE  CLAN: To the best of my	on each line.  P AS A CONSEOL  R AS A CONSEOL	JENCE OF):  JENCE	NO Check only one) THER: Nursing Hon F 28c. IN. W 1   1   It, factory, office	g cause q  UNC  UNC  I	GIVEN IN	Part I.  8 Oth  28d, D8  281, LO  Ch  to the ca	24a. WAS AN PERFOR 1 YES 2  or (Specify) SCRIBE HOW II  CATION (Street a or fown, State) 7 OLP use(e) and mer	AUTOPSY IMED? IMED? IN NO INJURY OCCU	24b. WE AMO CO OF 1	Interval Between Onset and Daeth Onset and Onset and Onset
E COMPLETED BY PHYSICIAN: MEDICAL	Shock, or hasrt failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  DID TOBACCO USE CONTERNAMENT OF THE STANDARD OF T	DUE TO (OF OUE TO (OF	on each line.  P AS A CONSEOL  R AS A CONSEOL	JENCE OF):  JENCE	NO Check only one) THER: Nursing Hon F 28c. IN. W 1   1   It, factory, office	g cause g  UNC  TORK?  YES 2  Tork  a and place death occur	GIVEN IN	Part I.  8 Oth 28d. DE SU 28f. Lo Ch To the ca	24a. WAS AN PERFOR 1 YES 2  or (Specify) SCRIBE HOW II  CATION (Street a or fown, State) 7 OLP use(e) and mer	AUTOPSY MED?  NO  NJURY OCCU  STORMAN AUTOPO OCCU  AUTOPO OCCU  NJURY OCCU  AUTOPO	24b. WE AMM CO OF I I I I I I I I I I I I I I I I I I	Interval Between Onset and Daeth Onset and Onset and Onset
COMPLETED BY PHYSICIAN: MEDICAL	Shock, or hast failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other significant condition  DID TOBACCO USE CONTINE SAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident   Pending Investigation    3 Suicide   Could not be detarmined  29a. CERTIFIER (Check only only )  2 MEDICAL EXAMINE	BIBUTE TO CAUSE  CIAN: To the best of my is: On the best of axades.	on each line.  P AS A CONSEOL  R AS A CONSEOL  R AS A CONSEOL  P AS A CONSEOL  R AS A CONSEOL	JENCE OF):  JENCE	NO Deck only one) THER: Nursing Hon F 28c. IN. W 1 1 the time, date in my opinion, of	g cause g  UNC  TORK?  YES 2  Tork  a and place death occur	ERTAIN Seldence NO and due	Part I.  8 Oth 28d. DE SU 28f. Lo Ch To the ca	24a. WAS AN PERFOR 1 YES 2  er (Specify) SCRIBE HOW II CATION (Street a or Town, State) 7 OLP use(e) and mer a and place, an	AUTOPSY IMED? IN NO INJURY OCCI STANDARD AND AND AND AND AND AND AND AND AND AN	24b. WE AMM CO OF I I I I I I I I I I I I I I I I I I	Interval Between Onset and Daeth  RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  VYES 2 NO  Number, PLATING I



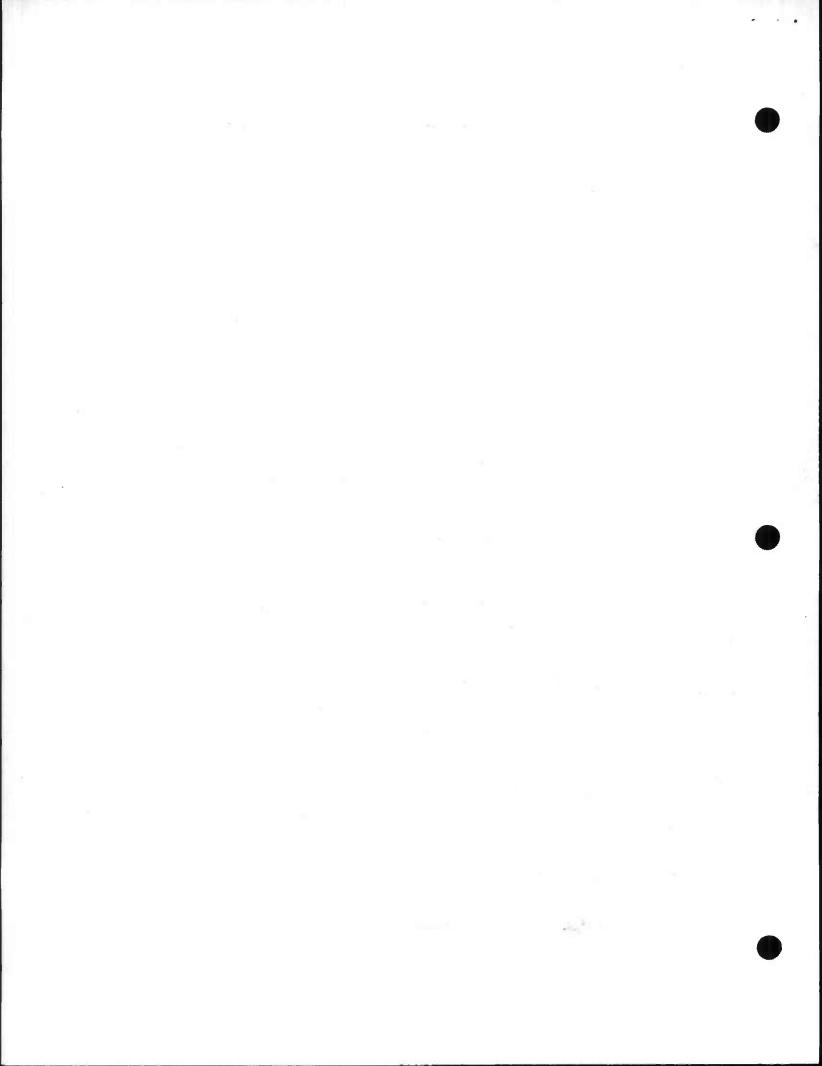
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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Debt, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTI	RTMEN	IT OF I	TEALTH DEAT	AND I		YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DI	EATH DAY			3. TIME OF DEATH	
	Joseph Walter Brooks, Jr.							Septembe		0	1995	8:18 p ⁴	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	6. AGE (In yrs. last birthday) IF UNDER 1			IF UNDER 24 HRS. 7. DATE OF BIRTH			RTH			LACE (State or Foreign	
	218-28-6887	1 💢 M 2 🗌 F	65 YRS.	MONTHS	DAYS	HOURS	MIN.	November		129		yland	
	9e. FACILITY NAME (If not institution, give stre	eet and number)		9b. CIT	ry, TOWN	OR LOCATIO	ON OF DE			NTY OF DEATH			
O H	Good Samaritan	Hospital			Bali	timor	e			N	/A		
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		Lac	10c, CITY, TOWN OR LOCATION									
E E	Maryland Baltimore Par										10d. INSIDE		
									1 TES 2 NO				
FUNERAL	2211 Devolution of WH												
Ä	3311 Parktowne	KOAQ 12. WAS DECEDENT EVER					234			United State			
	1 Never Married 2 X Married	FORCES? 1 X YES	8 2 NO	13	If yes, sp	ecify Cube	n, Mexice	HC ORIGIN? (Spin, Puerto Rican,	atc.)	No-	14. RACE Black,	i. RACE — American Indian, Black, White, atc.	
B	3 Widowed 4 Divorced	Korea	DATES	TES 1 YES 2			Specify	y:		ŀ	Specify	White	
0	15. DECEDENT'S EDUC	ATION	16a. DECEDENT	S USUAL	OCCUPATION	ON		16b KIND	OF BUSINE	SS/IND	VISTRY		
H					e durina ma	ost of workin	10	TOOL KIND	OI BOSINE	.5571165	7001111		
COMPLET	12	Conlege (1-4 or 5 +)	Engine	eer				Te	elepho	ne			
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	HER'S NA	ME (First, Middle,		_			
	Joseph W. Brod	oks, Sr.						y Remes					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADORE	SS (Street I	and Number		9		tata Zio	Codel		
2	The state of the s							21234					
1	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name o/ QATE 20c. LOCATION — City or Town. State												
	1 M Burlei 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify)  Parkwood Cemetery  9/19/95 Baltimore, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna  22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc.												
	mark T. Zaugha Leonard J. Ruck, Inc.												
-	23. PART I. Enter the diseases, or complications that caused the death Do not enter the mode of dulor such as cardiac as a little of the control of the cont												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  Approximate interval Between												
	IMMEDIATE CAUSE (Finel Onset and Death												
	resulting in death) - a. Biventricular congestive heart railiure												
	DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions, Pulmonary Fibrosis, Hypertension  OUE TO (OR AS A CONSEQUENCE OF):												
AT	If any, leading to immediate cause. Enter UNDERLYING  Bleiomycin Therapy												
은	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								-				
E	resulting in death) LAST  Testicular Carcinoma								j				
CE													
AL AL										WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
PHYSICIAN: MEDICAL	Nephrotic Syndrome con								COMPLETION OF CAUSE				
ME	or sealing								1 YES 2 NO				
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UNCERTAIN												
N N	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
SIC		EXAMINER?  1 YES 2 X NO  HOSPITAL:  1   Inpetient 2 X ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)											
표	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)  26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW WORK?						HOW INJU	INJURY OCCURED				
ВУ	1 X Natural 5 Pending 2 Accident Investigation	(1100.07)		M		YES 2	NO						
	3 Suicide 6 Could not be	26e. PLACE OF INJUR building, atc. (Spe	IY — At home, farm	, street, fa	ctory, offic	•		281. LOCATION	(Street and I	Vumber	or Rural Ro	ute Number,	
1	4 Homicide determined	and other	//					City or Tow	n, Stere)				
COMPLETED	29e. CERTIFIER (Check only	AN: To the best of my know	wledge, death occur	rred at the	Hme, date	and place	and due	to the cause(c)	and macra-	ng mint.	ad .		
N N	one) 2 MEDICAL EXAMINER:	On the basis of examination	on and/or investigat	lon, In my	opinion, d	leath occur	ed at the	ilme, date and n	lace, and du	e to the	e Causa(s)	and manner as stated	
	29b. SIGNATURE AND TITLE OF CERTIFIER												
B		in Mit				D250		NDEN .	29			Month, Day, Year)	
2	D25010 ▶ 9/15/95  © NAME AND AGGRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Note Print)												

Serena R. Nolan, M.D. 8035A Harford Road

31. Date S.D. 
21234

Baltimore, Md.



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by all.

Defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cereations, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	ITEMS: 1. & 18	PER F.H. FI	LM G-727	9/19/	95 t.	t				9	5 2	8055
	1 - STATE REGISTRAR		MARYLAND	/ DEPAR	RTMEN	T OF H	IEALTH /		IENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)	CLEV CI	IADLES DAL	חוו חר	A CL EV				2. DATE OF DEATH MONTH		YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. Is			R 1 YEAR	IF UNDER 2		SEPTEMBE 7. DATE OF BIRTH	R 16.	1995	8:21 A M
	215-74-6630	<b>X</b> XM 2 □ F		5 YRS.	MONTHS	-	HOURS	MIN.	EC 8, 1	959	Country)	S.C.
	9e. FACILITY HAME (If not institution, give		CDIMAT		9b. CIT		OR LOCATION	H OF DEA	TH		NTY OF OEA	
Š	RESIDENCE OF DECEDENT	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY N/A										
DIRECTOR	10e. STATE 10b. COUNT	is strip own on Estation							10	Od. INSIDE CITY		
-	MD  100, STREET AND HUMBER								XXYES 2 HO			
ERA	839 N. WASHIN	GTON ST				101	. ZIP CODE	212	205		U.S.	AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	EHDENT OF	HISPANIC	C ORIGIN? (Specify	Yee or No-	14. RACE	American Indian
BY F	1 X Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W		NO			2XXVO		, Puerto Rican, etc.		Specify: BL	White, atc.
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, D	ECEDENT'S	USUAL C	CCUPATH	ON		16b. KIND OF	BUSINESS/IND		ACK
巨	Elementary/Secondary (0-12)	College (1-4 or 5 s	+)	B. Do NOT us	se retired.)	during mo	ist of working		TNIDII	amp.v		
COMPLET	12th  17. FATHER'S NAME (First, Middle, Last)	N/A	H	ANDY	MAN		40 4407110		INDU			
BE C		ASLEY					ESSI	E E	MAE -	sen Sumerne)	NN (	GOODSON
10 B	190. INFORMANT'S NAME (Type/Print) ELSIE BROWN		11	b. MAILING	ADDRES	S (Street a	ind Number o	r Rural Ro	ute Number, City or	Town, State, Zip	Code)	
	20e. METHOD OF DISPOSITION		1					ON	1			MD.21205
	1 XBuriel 2 Cremelion 3 Rem 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE cemetery, cr ARBII	ematory or o	ther place	)	AL PK	7	9/20 A	LOCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1				D ADDRESS			S FUN		
	1 Severy	rom	asti	2					LINE S	r. BA	LTO,	MD21213
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the List only one cau	1 ceused the d	eath. Do r	not ente	r the mo	de of dyin	g, auch	aa cardiac or re	spiratory arr	est,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition	7	hemic	0								Onset and Death
	resulting in death)		(OR AS A CONSE			1						24 hours
N N	Sequentially list conditions,	b										
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF	F):							
Ę	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):							1
CER	reaulting in death) LAST	d										
	PART ii. Other algnificant condition		death but not	reaulting I	In the u	nderlying	cause giv	ven in Pa		AN AUTOPSY ORMED?		ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDICAL	Dirbetes	hiver								2 🔀 NO	CC	OMPLETION OF CAUSE F DEATH?
	DID TOBACCO USE CONT	PIRLITE TO CA	LISE OF DE	TH VE	S [7]	NO F	UNCE	DTAIN			1	☐ YES 2 M HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEAT	TH (Check	only one)	DIACE	KIAIIN	M			
YSIC	1 ☐ YES 2 💢 NO	HOSPITAL:		□ DOA	4 Hu		e 5 🗆 Resi	dence 6	Other (Specify)			
	1 X Natural 5 Pending											
ED B	2 Accident Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street end Number or Plural Route Number,							e Number,				
<u>=</u>	4 Homicide determined	Samurity,	(opocny)						City or Town, St	ne)		
COMPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	eth occurre	d at the t	time, date	end place, e	nd due to	) the cause(e) end (	nanner as state	ed.	4
	2 MEDICAL EXAMINE 29b ATURE AND TITLE OF PERTIFIE		camination end/or	Investigatio	n, in my o	opinion, d						
BE	The street of th	- Suv	90-4	Resi	Qe-	+	29c. LICEN	SE NUMB				onth, Day, Year) - 16, 1975
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLS			Delet	•				100	F	1 1 1 1 1

Jahns Ho 31. DATE FILED (Month, Day, Year) SEP1 9 1995

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hural-transit narmar pages 1 2 about
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

BY

COMPLETED

BE

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

**IMMEDIATE CAUSE (Final** 

29b. SIGNATURE AND FITLE OF CER

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2

disease or condition

resulting in deathj

Ku

shock, or haart failure. List only one cause on each line.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH **ALEXANDER JOHN** BULLOCK 09-13-95 3:10 p. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 546-12-4287 DAYS HOURS BHIN. XXM 2 F 90 YRS 11-19-04 ENGLAND 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF GEATH Sc. COUNTY OF DEATH MERIDIAN - BRIGHTWOOD BROOKLANDVILLE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BROOKLANDVILLE 1 TES XX NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 515 BRIGHTFIELD ROAD 21022 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES XX NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 TO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specific XX Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) THOROUGHBRED INDUSTRY OWNER - TRAINER 12 YEARS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) (UNK.) BULLOCK (UNKNOWN) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 21117 MRS.GARY B. BLUE 3106 GULF COURSE RD., OWINGS MILLS, MD. 20a. METHOD OF DISPOSITION
1 ☐ Burlai X2X ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State ST. THOMAS CH. CEMETERY 9-95 GARRISON FOREST, MD 4 Donation 5 Other (Specify)

CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other algnificant condition	د ٔ				24a. WAS AN AUTOPSY PERFORMED?  1 YES 2XXO	COL	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES XXNO	26. PL/ HOSPITAL: 1   Inpatient 2   ER/Outpetient	CE OF CEATH (Chec	k only one)  ER: ersing Home 5  Residence	6 □ Oth	es (Specify)		
ву рну	27. MANNER OF DEATH  ***Netural 5 Pending 2 Accident Investigation	7. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED				PRED		
	3 Suicide 8 Could not be 26e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCA			CATION (Street end Number of or Town, State)	Rural Route	Number,		
COMPLETED		CIAN: To the best of my knowledge, d						d menner es stated.

29c. LICENSE NUMBER

4212

Congestive Heart Failure

23. PART i. Enter the disesses, or complications that caused the death. Do not snter the mode of dying, such as cardiac or respiratory arrest,

DUE TO (OR AS A CONSEQUENCE OF):

22. NAME AND ADDRESS OF FACILITY
HENRY W. JENKINS

4905 YORK ROAD, BALTIMORE, MD. 21212

WILLIAM D. McCONNELL M.D., 500 WEST UNIVERSITY PKWY., BALTO., MD. 21210 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ulon

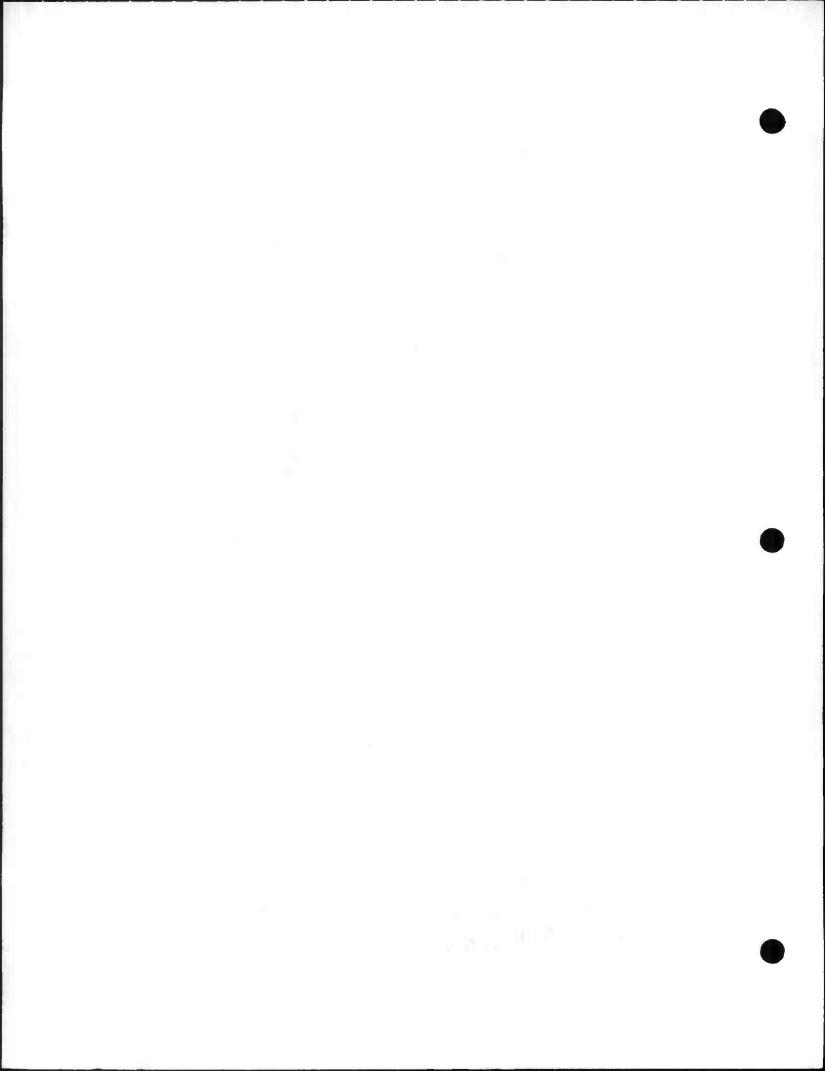
29d. DATE SIGNEO (Month, Day, Year)

09-14-95

Interval Between

Onset and Death

da ys



YEAR

1995

3. TIME OF GEATH

8:00 P

REG NO 2. DATE OF OEATH

Sept.14,

STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 - M 2 X F 62 June 14,1933 Maryland 212-30-9002 A should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Pages 1, 2, 3 Balto.City, Md. none 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNT 10d. INSIDE CITY Maryland none Balto.City, Md. 1X XVES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? United States 524 E.Fort Ave. 21230 as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—II yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married
3 Widowed 4 Divorced Specify: BY White ETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) detached for COMPL Homemaker Own Home 9th.Grade none once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 Ħ Darryle Keith Vera Garrett BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Mr. William H. Carper 524 E.Fort Ave.Balto.Md.21230 hours after death. Page 6 may be pe 20s. METHOD OF DISPOSITION
1 ☆ Burlel 2 ☐ Cremetion 3 ☐ Removal From State
4 ☐ Donetion 5 ☐ Other (Specify) 20c. LOCATION -- Cify or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, Haven Memorial Pk.9/18/95 Glen Burnie, Md. Glen 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Eugene McCully Funeral Home, 130 E. Fort Ave Carlon filled in by the 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert fellure. List only one cause on each line. medical Interval Between 6 IMMEDIATE CAUSE (Fine) Onset and Death cremation. other traumatic event, the disease or condition anythina completely resulting in desth) DUE TO YOR AS A CONSEQUENCE OF burial. Infarction DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION pue Sequentially list conditions, the attending physician ar Mental Hygiene prior to If sny, leading to immediata cause. Enter UNDERLYING 8 Metastatic certificate CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL has been signed by the Dept. of Health and heumatoid PERFORMED? AWAILABLE PRIOR TO Anthritis any COMPLETION OF CAUSE 1 TES 2 NO Shows laryngea Cancer 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN **PHYSICIAN**: MB 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL this certificate hi OR ATTENDING PHYSICIAN: The tem HOSPITAL OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 | YES 2 | 10 1 | Inpetient 2 | Sal/Outpetient 3 | DOA 0 27. MANNER OF DEATH 26b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 5 Pending investigation 1 YES 2 NO ВУ TO THE FUNERAL DIRECTOR: After to be filed within 72 hours after death IMPORTANT: If Item 28 is man 2 Accident 28s. PLACE OF INJURY — At home, larm, street, lactory, offica building, etc. (Specify) 3 Sulcide 28I. LOCATION (Street and Number or Rural Route Number, City or Yourn, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated, one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation. In my policion, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29h BIGNATURE AND TITLE OF C 29c. LICENSE NUMBER PP3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAL OF DEATH (ITEM 27) (Type Pri 3001 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 9 1995 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

P.Carper

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IVISION OF VITAL RECORDS, P.O. BOX 68760	R ATTENDING PHYSICIAN: The law remires that the death certificate he executed within
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN. The law remained that the death certificate he executed within

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must he material and marked.

		Item1 9-19-95 Film(	G727 W.H.Per F	'H				95	28058		
		1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTME ERTIFICA			MENTAL HYGII				
		1. DECEDENT'S NAME (First, Middle, Lest)	₩ Curtis La	ster Co	lemar	1	2. DATE OF DEATH MONTH SEPTEMB	DAY	995 6 45 Pm		
		229-80-4197	SEX 6. AGE (In yrs. In	YRS. IF UN	IDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, TURE 3,		BIRTHPLACE (State or Foreign Country)		
	TOR	90. FACILITY NAME (If not institution, give stree JOHNS HOPKINS ISA	and number) YVIEW MED, CTI			ORE MO	DEATH		TY OF DEATH THORE CITY		
	DIRECTOR	100. STATE 10b. COUNTY	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION								
	FUNERAL	10e. STREET AND NUMBER	e Avenue			1. ZIP CODE	3	10g. CITIZ	I 1 X YES 2 □ NO EN OF WHAT COUNTRY?		
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	PORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?	RMED	If yes, s	CENDENT OF HISPA Hecity Cuban, Mexic 2 2 NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.) ify:	Yes or No-	14. RACE — American Indian, Black, White, etc. Specify:		
	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (G	ECEDENT'S USUAL live kind of work do . Do NOT use retire	one during m			BUSINESS/INDU			
CG.	COMPL	17. FATHER'S NAME (First, Middle, Lest)	l\c	suer E	imp			SABL	C.D		
d at once.	ш	matthew C	oleman			BE H	AME (First, Middle, Make	n nar	2		
notified	TO B	190. INFORMANT'S NAME (Type/Print)	man 3	b. MAILING ADDR	ESS (Street	1	Aue. Bo	11	10,000		
must be		20s. METHOD OF DISPOSITION  Burlel 2 Cremation 3 Remove	20b.PLACE	AND DATE OF DISI	POSITION (N.			LOCATION C	ty or Yown, State		
ner m		Burlet 2   Cremation 3   Removal from State   Cometan cremaipy of other place   Cometan cremaipy of other place   Cometan cremaipy of the place   Cometan cremains   Cometan									
examiner		Sury phenis Central VA Funeral Scrutice RICHMAND UA									
medical		23. PART F. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final									
event, the		disease or condition reaulting in death)	MY(BECTERIUM	n Avia	in l	n7racell	Mare		6 weeks		
	N N	Omis of he define the									
traumatic	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
or other	ERTIFI	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
injury,	CAL C	PART II. Other significant conditions of		resulting in the	Underlyln	g ceuse given in		AN AUTOPSY	24b, WERE AUTOPSY FINDINGS		
any	EDIC/	AIDS D	ementia		-		PERF	2 00	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
23 shows	Σ	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF DEA	TH YES	NO	UNCERTAL	 N		1 🗆 YES 2 740		
Item 2	YSICIAN:		OSPITAL:	E OF DEATH (Che	,,						
6	PHYS	1 YES 2 NO 1	□ Inpatient 2 □ ER/Outpatient 3  28e. DATE OF INJURY	28b. TIME OF	Nursing Hon 28c. IN.	URY AT	6 Other (Specify) 26d. DESCRIBE HOT	W INJURY OCCL	JRED		
marked,	ВУР	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	1 🗆	YES 2 NO					
28 Is	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street,	factory, offic	•	281, LOCATION (Stre City or Town, Sta	et and Number o	r Rural Route Number,		
If Item	COMPLE		N: To the best of my knowledge, de								
TANT	- 1	2 MEDICAL EXAMINER: ( 29b. SIGNATURE AND TITLE OF CERTURER	On the beals of examination and/or	investigation, in m	ny opinion, d						
IMPORTANT: II	0 8	Mom V run	La A.a			29c. LICENSE NUI		29d. DATE	SIGNED (Month, Day, Year)		
- 1	F 1	SO NAME AND ADDRESS OF PERSON WHO I	THE ETED CAUSE OF DEATH OFF	H OT /T Delet					1/14/		

9/18/95 64737

COON. Wolfest. Bull, M.D. 21265

REGISTRAR'S SIGNATURE

Sulin Division Royall Thomas V.

31. DATE FILED (Month, Day, Year)

SEP191

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

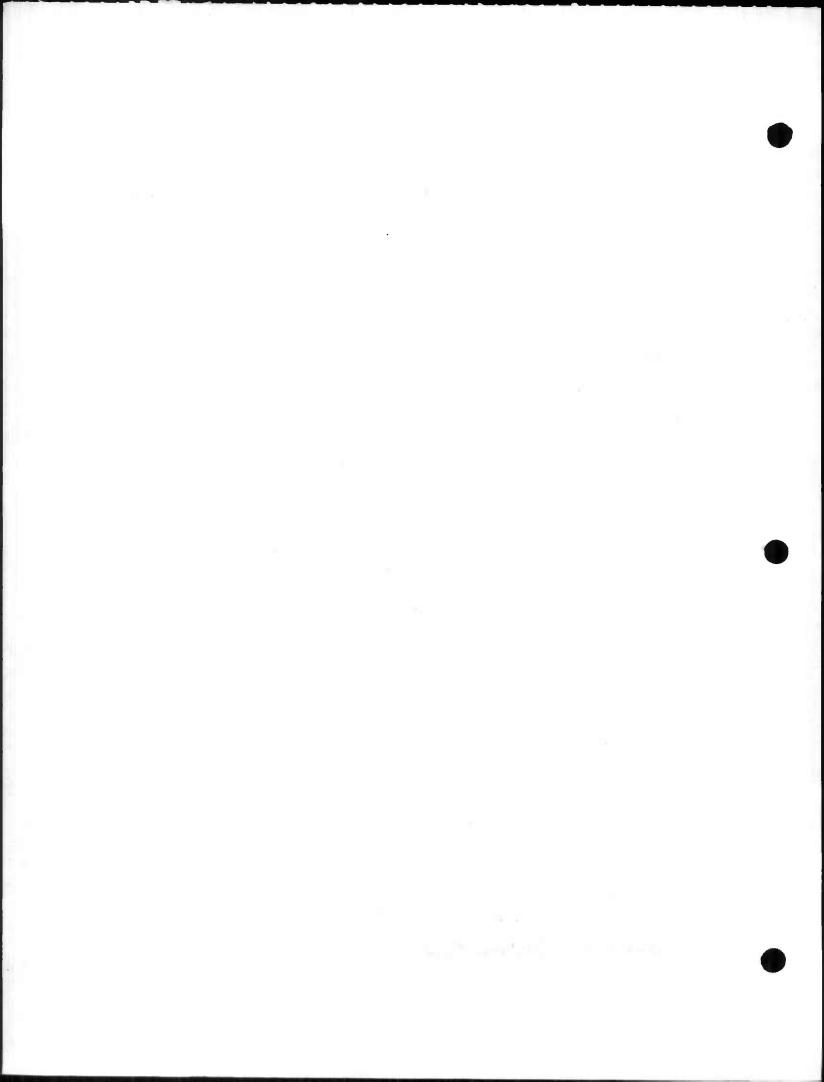
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

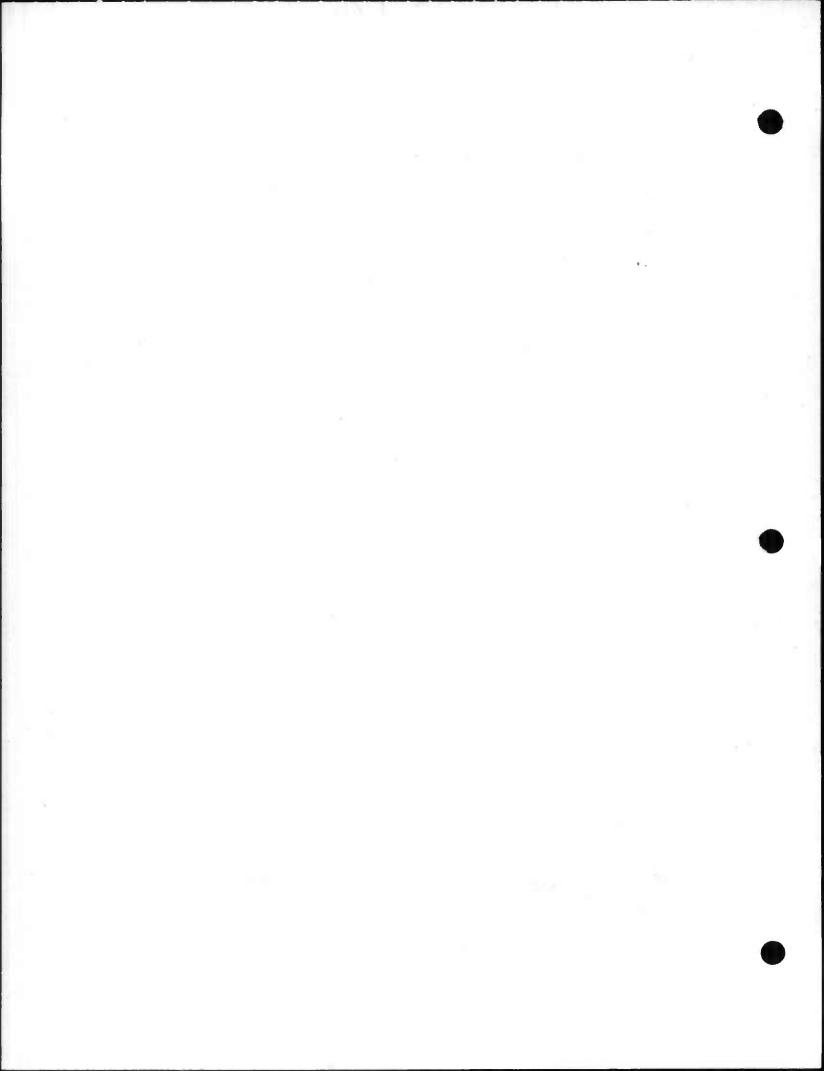
FOR STATE	STATE OF MARYLAND / DEPARTMENT	OF HEALTH AN
REGISTRAR	CERTIFICATE	OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) HENRY	Verner	CHI	RISTIAN	SEP. 14th 1995 01:08 PM					
	4. SOCIAL SECURITY NUMBER 234-32-6221	5. SEX 6. AGE (III	YRS. last birthday) IF UN	7. DATE OF BIRTH (Month, Day, Year) Apr. 12,	0	BIRTHPLACE (State or Foreign Country) Vest Virgini				
OR	90. FACILITY NAME (If not institution, give st NORTH ARUNDEL HC			TY, TOWN OR LOCATION OF C GLEN BURNIE	DEATH	A . A .	OF DEATH COUNTY			
DIRECTOR	100. STATE 10b. COUNTY MD Anne	Arundel		n or LOCATION			10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
	10e. STREET AND NUMBER		020	10f. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?			
FUNERAL	909 Bargagni F			21032		US	;A			
BY FUR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 - NO	is. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Specify	an, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire Broker	OCCUPATION ne during most of working d.)	16b. KIND OF BU	siness/industracking				
OMP	1 1  17. FATHER'S NAME (First, Middle, Last)		BIOKEI	18. MOTHER'S N	AME (First, Middle, Melden		,			
BE C	Franklin Cristi	an			mi Parson					
TO B	196. INFORMANT'S NAME (Type/Print) Elaine M. Chris	stian		ess (Street end Number or Rure cgagni Road						
	20e. METHOD OF DISPOSITION 1 Q Burlei 2 Cremetion 3 Reme 4 Donation 5 Other (Specify) 1. SIGNATURE OF EMPERAL SERVICE LIC	ovel from State ceme	1	f the Field 22. NAME AND ADDRESS OF F Hardesty Fu	ls 9/18 1 ACILITY Ineral Hor	ne, P.	sville,MD			
CERTIFICATION	23. PART I. Enter the disease, or complications that caused that death. Do not anter the mode of dying, such as cardiec or respiratory arrest, above, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events)  Due to course of the condition of the conditions of the condit									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DIVINCERTAIN   1 YES 2 NO DIVINCERTAIN									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		IER:						
HYS	1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT	5 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCUR	ED			
ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY	WORK?  1 YES 2 NO						
ETED E	3 Suleide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm, atreet,	fectory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	CHOCK OTHY	ICIAN: To the best of my know					ouse(e) and menner se stated.			
TO BE C	29b. SIGNATURE AND AVI. OF CENTURE	194 MP	29d. DATE \$10	GNED (Mogth, Day, Year)						
1	30. NAME AND ADDRESS OF PERSON WHE	TY M.D./7845	OAKWOOD RO	AD #203/GLEN	BURNIE, MA	RYLAND	21061			
	31. DATE FILED (Month, Day, Year) SEP1 91995	32. REGISTRAR'S SIGN								



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		1 - FOR STATE REGISTRAR	STATE OF MARYL	ND / DE	PARTMEN	T OF H	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.			
	i	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF	F DEATH	ē	3.	TIME OF DEATH
	ľ	Harold E. Cox S	r.					MONTH	9-16-9	5	EAR	1:15 Am
	4	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. lest birth		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH	8.1	BIRTHPL	ACE (State or Foreign
	ļ	303-28-4672	1 🔀 M 2 🗆 F	71 Y	es. Months	DAYS	HOURS MIN.	2 -	10-24	K	country) enti	ıcky
	1	9e. FACILITY NAME (If not institution, give str			9b. CIT	Y, TOWN O	R LOCATION OF D	EATN		e. COUNTY	OF DEAT	н
DIRECTOR	5	3211 Lilly Avenu	ie			В	altimore	3		N	/A	
[	3	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		1 100	. CITY, TOWN	OR LOCAT	044					
ğ			1/A	100	CITY, TOWN		altimore	2				d. INSIDE CITY LIMITS?
4		10e. STREET AND NUMBER	.,			101	ZIP CODE			Ma CITIZEN		XYES 2 NO
1 8	9	3211 Lilly Avenu	ie			les file	2122	27			272 (38122)	1770000
N		11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13.	WAS DEC	ENDENT OF HISPA	<u> </u>	(Specify Yes or	Unit	RACE -	States American Indian.
× ×		1 Never Married 2 Merried	FORCES? t , YES	2 NO		If yes, spe t \subseteq YES	en, Puerto Ric	en, etc.)		Black, W Specify:	hite, atc.	
G	- 11	3 XWIdowed 4 Divorced	1942-1945						whi.	te		
FTE	ı	t5. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	(Give kin	NT'S USUAL C	during mos	N it of working	16b. K	IND OF BUSIN	ESS/INDUST	RY	
		Elementary/Secondary (0-12)	College (1-4 or 5+)		OT use retired.)							
Once.		1.2 17. FATHER'S NAME (First, Middle, Last)			brick	laye				truc	tio	1
at of		Alva L. Cox					18. MOTHER'S NA	1111				
2 0	1	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRES	S (Street or	Mary  Id Number or Rural		n Ree		dal	
10 Per 10	2	Harold E. Cox	Jr	32							,	101007
e E		20e. METHOD OF DISPOSITION	20b		ATE OF DISPO	SITION (Na	ne of	OATE	20c LOCA	TION - City	or Town.	and21227
Ē		1 □XBuriel 2 □ Cremation 3 □ Remote 4 □ Donation 5 □ Other (Specify)		en H	or other place	Come	terv	9/19				Maryland
examiner must	1	21. SIGNATURE OF FUNERAL SERVICE LICE	MILE	10	22.	NAME AN	D ADDRESS OF FA	CILITY				
E .	-	Q 2 2 -7		7			se Fun					sdowne
	1	21. PART i. Enter the diseases, or co	emplications that caused	the death.	Do not ente	719	Hammon	ds F	erry	Road	2.	Approximate
medical	4	shock, Dr heart failure. List only one cause Dn eech line. IMMEDIATE CAUSE (Finel Onset and Dasth										Interval Between
量	ł	disease or condition										
event,		resulting in death)	DUE TO (OR AS A			y wi	cii ne cas	10303				17 MOTETIS
Tic N		6.										
E DI		Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENC	E OF):							
F 5		CAUSE (Disease or injury	2015 72 (20 40 4									
5 2		that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
Injury, or other traumatic		d.		_								
		PART ii. Other aignificant conditions	contributing to death bu	t not reault	ng in the u	nderlying	cause given in	Part i. 2	4a. WAS AN AU PERFORME			RE AUTOPSY FINDINGS
shows any . MEDIC.								1	YES 2		CO	MPLETION DF CAUSE DEATN?
ME									^			YES 2 NO
23 sl		DID TOBACCO USE CONTR	BUTE TO CAUSE OF	DEATH	YES 🗆	NO 🗆	UNCERTAIL	N 🗆				
Item SICIA		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF	OTHE							
PHYSICI		1 TES 2 NO	1 Inpatient 2 ER/Outpa	tlent 3 🗆 DC			5 KResidence	6 🗆 Other (S	Specify)			
-26 1	- 10	27. MANNER OF GEATN  1 Natural 5 Pending	(Month, Day, Year)	28b.	TIME OF INJURY	28c. INJU WOF	IK?	28d. DESCR	NOW INJU	JRY OCCURE	D	
E E		2 Accident Investigation	280 BLACE OF IN HIM	A1 har 4	- M		ES 2 NO					
28 is TED	. 4	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Specif	y)	rm, atreet, tec	tory, office		City or	ON (Street end Town, State)	Number or R	tural Route	Number,
em 2		29e, CERTIFIER V.		_							_	
MPL MPL		(Check only 1 NCERTIFYING PHYSICI	AN: To the best of my knowle	dge, death oc	curred at the t	time, date	and place, end due	to the cause	(s) end manne	r as stated.		
S	1		On the beele of examination	end/or investi	getton, in my	opinion, de	ath occured at the	time, date en	d place, and d	lua to the car	use(e) en	d menner es atated.
MPORTANT: If Item O BE COMPLE	K	286 SHONATURE AND TITLE OF CENTRES!					29c. LICENSE NUI	MBER	2	od. DATE SIG	SNED (Mo	nth, Day, Year)
₹ 0	1	30. WAME AND ADDRESS OF PENSON WHO	our mil	TM UTPER OF	Y 0' ''		DZTI	TI		وامر	til	8,1775
		Dorothy Snow, M.				Ra 1 + 1	more MI	212	0.1			,
	-	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		J., 1	Jaiti	more, m	212	.01			
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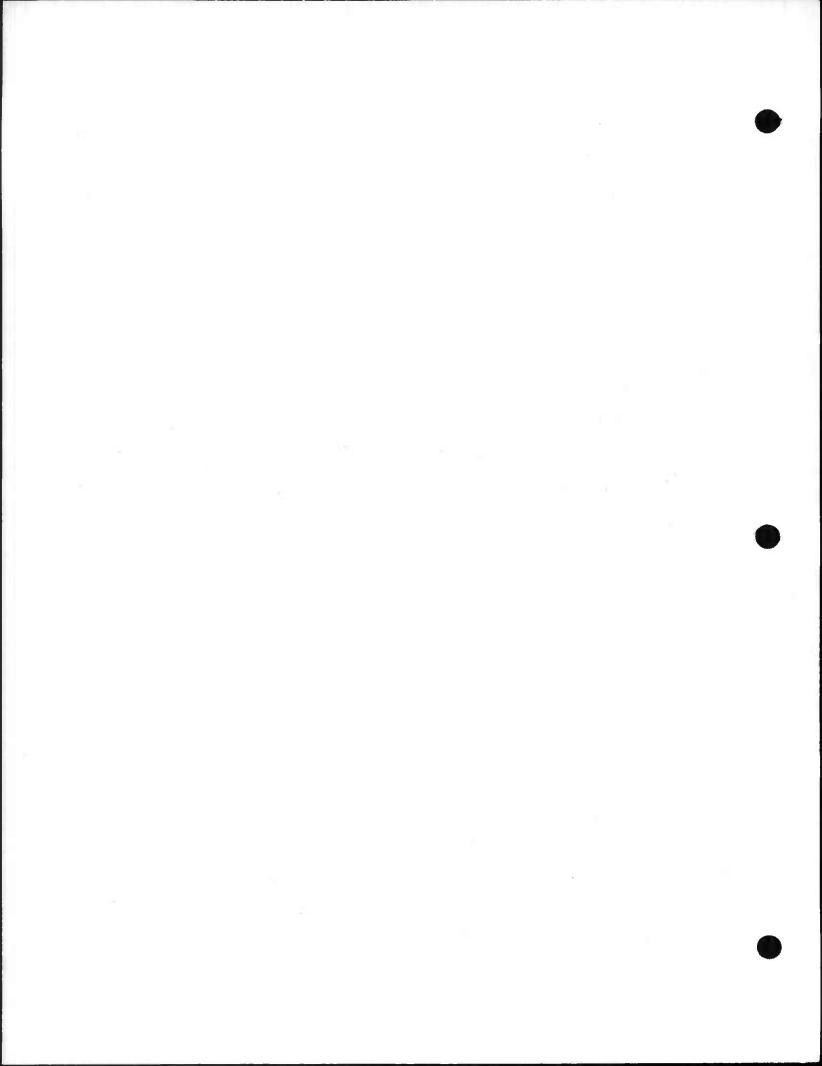
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to use as the burial-transit permit. Pages 1: 2. 3 should

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CERTIFICATE	O	F DEAT	TH		REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH		IYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						DEATH		TIME OF DEATN	
	LILLIAN		DREIBAND			SEPT. 14,1995			:40pm	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF I			CE (State or Foreign	
	217-05-3120	1  M 2  F	83 YRS.	MONTHS DAYS	HOURS MIN.		8,1912	MARY	LAND	
-	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COU	NTY OF DEAT		
DIRECTOR	CHERRYWOOD MANOR NURSING HOME REISTERSTOWN BALTIMOR REGIDENCE OF DECEDENT  100. STATE 100. COLY TOWN OR LOCATION								ORE	
E	108, STATE 106, COUNT		10c. CITY	, TOWN OR LOCAT	ION			10	d, INSIDE CITY LIMITS?	
	MARYT.AND  10e. STREET AND NUMBER	BALTIMORE		BALTIMOF				1	YES 2 NO	
FUNERAL	IOU. STREET AND NUMBER			101	ZIP CODE		10g, CIT	IZEN OF WHA	T COUNTRY?	
NE	7 POMONA SOUTH				21208			USA		
F	1 Never Married 2 Married	12. WAS DECEDENT EVER I	2 NO		ENDENT OF HISPA Icify Cuban, Mexic		pecify Yea or No-	be or No.— 14. RACE — American Indian, Black, White, etc.		
BY	3 🐰 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	ATES **	1 TES	2 XNO Speci				WUTOR	
0	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S	IISHAL OCCUPATIO	M	185 KIN			WHITE	
	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of w	rork done during mo.	st of working	16b. KIND OF BUSINESS/INDUSTRY				
PL	12	College (1-4 or 5+)	SECRE	ΨλDV			COMMEN COM		TO	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		SECRE	IAKI	18 MOTHER'S NA		STATE GOV le, Maiden Surname)	ERMMEI	A.T.	
-	BENJAMIN		SCHERR							
	19a. INFORMANT'S NAME (Type/Print)					ELEN	Otty or Town, State, Zig	FRIED	1AN	
TO B	MR. EDWARD	DDETDAMD					10.00			
		DREIBAND					VGS MILLS			
	20s METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Berr	noval from State	DHEB SHAL			DATE	20c. LOCATION	Cify or Town,	State	
	4 Donation 5 Other (Specify)	druner A	DEB SHAL	ON MENOR	TAL PAR	K  - 9-1	17-1995-R	EISTE	RSTOWN, I	
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 2									
$\vdash$	23 PART I Feter the diseases or	de Julie	dh. d. t. D	1 6010	REISTER	STOWN F	ROAD BALT	'IMORE,		
	23. PART / Enter the diseases, or shock or heart failure.	List only one couse on e	ach line.	ot enter the mo	de of dying, suc	ch ea cerdiec	or reapiratory an	rest,	Approximate Interval Batwe	
	IMMEDIAYE CAUSE (Final								Onset and De	
	resulting in death) . Metastic Meast Carcenoma							i yea		
	disease or condition mealting in death)  Metastic Breast Carcenama  Due to (or as a consequence of:  Procest Carcenama.									
8	Sequentially list conditions, h. heest Carcenona.								154M	
CATION	oue to (or as a consequence of):  If any, leading to immediate cause. Enter UNDERLYING									
음	CAUSE (Disease or Injury C.									
RTIFIC	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	<b>}</b> :						
	d									
AL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I, 24s. WAS AN AUTOPSY 24b. WER							RE AUTOPSY FINDING		
1 73 1	PERFORMED? AM						ILABLE PRIOR TO MPLETION OF CAUSE			
EDIC	COPD		Typen Ipidemic			—   ''	1 TES 2 AND		OF DEATH?	
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SICIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT		UNCERIAL	ППи				
I ত	EXAMINER?	HOSPITAL:		OTHER:						
λ	27. MANNER OF DEATN	1 Inpatient 2 ER/Outp		4 Nursing Home						
РНУ	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME INJU	JRY WO	RK?	28d. DESCRIE	BE NOW INJURY OC	CURED		
B	2 Accident Investigation	00- 84-05-05-04-05-04-05-05-05-05-05-05-05-05-05-05-05-05-05-			ES 2 NO					
E E	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
=	29e. CERTIFIER	(CAN). To she have at	1808	. 2						
MPL	(Check only one) 2 MFDICAL EXAMINE	ICIAN: To the best of my know	endies impellenties	of at the time, data	and place, and due	to the cause(a	) and manner as stat	ed.		
8		ER: On the basis of examination	and or investigation	i, in my opinion, de	an occured at the	time, data and	prace, and due to th	e cause(a) an	menner as stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIE	/	A 0.		29c. LICENSE NUI			E SIGNED (Mo		
2	SIMM	em m	O FAC.	1	1004	701	<b>P</b> 9	7/15/	95	
	30. NAME AND ADDRESS OF PERSON WH				1 /	11	1.11	No	/	
	31. DATE FILED (Month, Day, Year)	1ACINCU)  32. REGISTRAR'S SIGN	3635	0/4/	car-	164	17416	1177		
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	DELT 9 1323	my manager have	Fa. 85							



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		FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Last)  DOESEY  2. DATE OF DEATH MONTH DAY YEAR 0605  4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH   8. BIRTHPLACE (State or Foreign
3 should	FUNERAL DIRECTOR	213-52-0509  1
. Pages 1, 2,		RESIDENCE OF DECEDENT  100. STATE  MD  N/A  100. CITY, TOWN OR LOCATION  BALTIMOE,  100. LITY TOWN OR LOCATION  BALTIMOE,  100. INSIDE CITY  LIMITS?  1X Wes 2 \( \text{N} \) NO
an. ransit permit.		100. STREET AND NUMBER  3033 SEAMON AVE  101. ZIP CODE  102. CITIZEN OF WHAT COUNTRY?  U.S.A.
Z15-UUZU attending physician. se as the bunal-transit	BY	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. Wildowed 4 Divorced  14. RACE — American Indian, Black, Whita, stc. Specify:  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify: Divorced)  16. RACE — American Indian, Black, Whita, stc. Specify: BLACK
N To In Indian	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  1 2 N/A  160. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  CADAGRAPH OPERATOR  ART LITHO CO
A the be def	1 111	17. FATHER'S NAME (First, Middle, Last)  WILLIAM DORSEY  18. MOTHER'S NAME (First, Middle, Maiden Surneme)  NORSIE DAVIS  190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Burel Boute Number of Purel Poule Number
5 5 5		196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3033 SEAMON AVE BALTIMORE, MD. 21225  206. METHOD OF DISPOSITION Cametery, crematory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)
death. Page 6 funeral direct		ARBUTUS MEMORIAL PARK 9/19 ARBUTUS, MD  21. BIGNATURE OF FUNERAL BETTICE LICENSEE  22. NAME AND ADDRESS OF FACILITY BETTS FUNERAL HOME  1129 N. CAROLINE ST. BALTO, MD21213
ted within 24 hours after of completely filled in by the ial, cremation, or removal.		23. PAST Enter the disagnes, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Anoxic Encephalopathy  b. Anoxic Encephalopathy
ficate be execuphysician and ne prior to bur	RTIFICATION	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):
e death he aften Mental H	뜅	PART II Other significant conditions contribution to double to dou
requires that it is signed by of Health and thous any is	7.5	Coronary Artery Diecre
The law ate has the ate Dept of the 23	SICIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 OTHER: 1   Inpellent 2   ER/Outpetlent 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)
를 해를 <b>등</b>	ву РНУ	27. MANNER OF OEATH  26. OATE OF INJURY (Month, Dey, Vear)  26. OATE OF INJURY (Month, Dey, Vear)  26. OATE OF INJURY OCCUREO  26. INJURY AT WORK?  1
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	LETED	3 Suicide 6 Could not be determined 29e. CERTIFIER 1 OFFTIEVINO PHYSICIAN: To the host of FILE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)
HOSPITAL FUNERAL Within 72 TANT: II	E COMPL	299. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as attend.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as attend.  290. SIGNATURE AND TITLE OF CERTIFIER  290. LICENSE NUMBER  290. DATE SIONED (Month, Day, Veer)
D THE BE fled INPORT	TO BE	1) and B (ale, JP) PO 9124 Septenber 14, 1995 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
1		DAVID BLAKE 301 ST PAUL PLACE BALTIHORE, MD 21201

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Win W 00115 1500 September 995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. FEB. 4 MARYLAND 214-18-1948 1X M 2 F 82 YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITA1 Baltimore Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore City Baltimore TY YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2622 E. Baltimore Street use as the burial-transit 21224 U.S.A. retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high funeral director, page 5 should be detached for intary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE CLERTCAL CITY HIGHWAY once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname CLARIDGE L. DAVIS Ħ MARY T. HENGHEMAUHLY BE pellillon 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KATHERINE BROOKE 3624 HINELINE ROAD - BALTIMORE, MD 21229 2 2 20a. METHOD OF DISPOSITION
1 Description 2 Cremation 3 D Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE must Removal from State WOODLAWN "CEMETERY 4 Donetion 5 Other (Specify) 9/19 BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. uted within E4 hours after death. completely filled in by the funera rial, cremation, or removal. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Finel **Onset and Death** 鲁 disease or condition_ day executed within resulting in desth) traumatic event, AS A CONSEQUENCE OF ract Infection n and com to burial, CERTIFICATION Sequentially list conditions, a attending physician a lental Hygiene prior to If any, leading to immediate the death certificate be cause. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the attent Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a WAS AN AUTOPSY signed by the that any 1 - YES 2 NO OF DEATH? Shows Dementia 1 ☐ YES 2 ☐ NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be Dept. PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item After this certificate I death with the State OTHER: 1 TES 27 NO 10 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 6/8 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after d Item 28 Is COMPLETED 8 Could not be 4 Homtcide determined hours a Est 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: II II HOSPITAL 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and menner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE HUK 021649 en

SAMBANDAM BASKALAN 3455 WILKENS AVE. BALTIMORE.

32. REGISTRAR'S SIGNATURE

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physici	3. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-st		
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	: Afte	or death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	to marked or term 22 shows any injury or other transmits around the medical ansatzes has need to a

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR MARGARET S. FURMAN 1995 September 15 5:15 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign MAR. 17, 1969 26 090-46-6813 1 M 2 XF VRS NEW YORK 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE VIRGINIA 10b. COUNTY 10c. CITY, TOWN OR LOCATION NORFOLK 10d. INSIDE CITY LIMITS? N/A 1 XYES 2 NO 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 23517 10g. CITIZEN OF WHAT COUNTRY? USA 247 PRINCE EDWARD WAY 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 N NO Specify: BY 3 Widowed 4 Divorced Specify: WHITE 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only Elementary/Secondary (0-12) College (1-4 or 5 +) SOCIAL WORKER SOCIAL WORK 5+ 17. EATHER'S NAME (Eirst, Middle, Lest) SCHWARTZ 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERTA BE ALPERN 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 5 MR. SCOTT FURMAN 247 PRINCE EDWARD WAY NORFOLK, VA 23517 20a. METHOD OF CISPOSITION
1 Burlat 2 Cremetion 3 KRemovat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE NEW MONTEFTORE 9/17/95 PINELAWN, LI, NY 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 23. PART Lenter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) HE MORRHAGE DUE TO IOR AS A CONSEQUENCE OF HRS CERTIFICATION OUE TO (OR AS A CONSEQUENCE OF). Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TES 2 NO 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO PHYSICIAN: UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one, **EXAMINER?** HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 26c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending BY 1 YES 2 NO investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, fectory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be HOSPITAL OR ATTENI FUNERAL DIRECTOR: within 72 hours after 4 Nomicide 28 determined If Item 29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. To the Hospita
To the Funeral
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(a) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) H m. unoere M2894 Sept 15,1995

M. D.

600 N. WOLFE ST

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. TEGISTHAR'S SIG



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M. MOORE

BALTIMORE MD 21205

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FOR STATE

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH Secatino (NMN) 1995 Septem ber 7. DATE OF BIFTH (Morth, Day, Year) Fell 2:20 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1904 1 M 2 - F 90 89 ITALY 168-10-1261 1905 December Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR North Arundel Hospita Glen Burnie Anne Arunde 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL GLEN BURNIE MARYLAND 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 205 6TH AVENUE, S.E. 21061 U.S.A. funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married BY 3 Widowed 4 Divorced 1 YES 2 NO Specify. Specify: WHITE 15. DECEDENT'S EDUCATION

A highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high E Elementary/Secondary (0-12) College (1-4 or 5+) COMPL BETHLEHEM STEEL 12 NONE CRANE OPERATOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) To PILOTTI PIETRO **FELLUCA** SILVINA BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. OTTORINO 205 6TH AVENUE, S.W., GLEN BURNIE, MARYLAND 21061 **FELLUCA** pe 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 9/20 WOODLAWN, MARYLAND must 4 □ Donation 5X Other (Specify) ENTOMBMENT LORRAINE PARK CEMETERY 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W. 21. SIONATURE OF FUNERAL SERVICE LICENSEE GLEN BURNIE, MARYLAND 21061 and completely filled in by the burlal, cremation, or removal. medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death the state disease or condition DUE TO (OR AS A CONSEQUENCE OF): 3 DAYS reaulting in death) event, DUE TO JOR AS A CONSEQUENCE OF): Failure traumatic CERTIFICATION Sequentielly list conditions. 2 if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 the atter PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY and 1 PERFORMED? Health a 1 YES 2 NO OF DEATH? 1 TYES 2 T NO L of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has b. Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) certificate to the State HOSPITAL OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED this marked, 1 Natural 5 Pending 1 YES 2 NO After I BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 8 Could not be DIRECTOR: 4 Homicide 28 determined Hem 9 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 M IMPORTANT: If IN MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SHOMATURE CAND FITTLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE SEPLEMBER MEDICAL 17-1995 2 . GARABA, NID

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1995

3. TIME OF DEATH

5:15 A.

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DHMH-16 Rev 1/89

2. DATE OF DEATH

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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

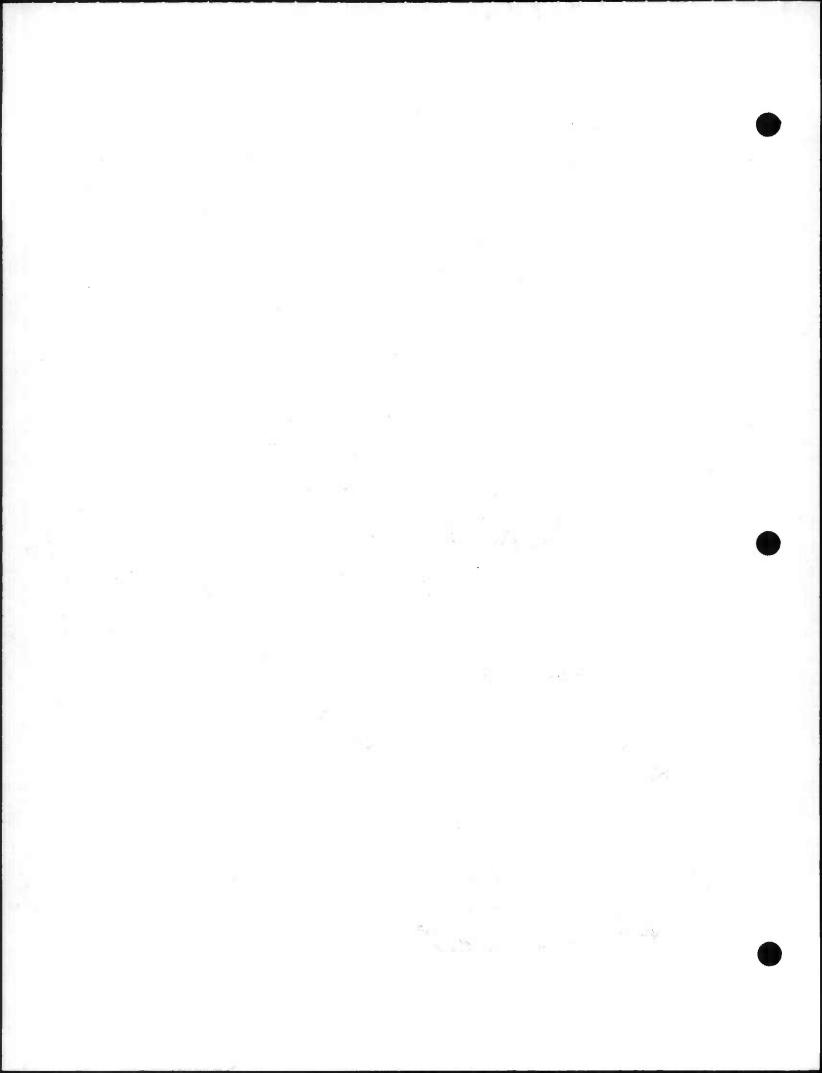
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SEPTEMBER 15, 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Formia) 1 M 2 F 214-34-3455 YRS. 90 MAY 2, 1905 MARYLAND use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MARINER HEALTH CARE OF GREATER LAUREL LAUREL PRINCE GEORGE RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE LAUREL 1 YES 2XX NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9000 BRIARCROFT LANE APARTMENT #211 20708 USA physician. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE -- American Indien, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarlo Rican, etc.) 1 TYES 2 X NO Specify: ВУ Specify: WHITE 3 Widowed 4 Divorced attending 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only high 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) hospital or **Joy** Elementary/Secondary (0-12) College (1-4 or 5+) 12 detached HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) a e 2 Ħ LOUIS COURTNEY 3 LUCY ABELL BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT FIELDS 9000 BRIARCROFT LANE, APARTMENT #211, LAUREL, ND 20708 2 pe 20a. METHDO OF DISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State director, 4 ☐ Donation 5 ☐ Other (Specify) _ GARDENS OF FAITH CEMETERY 9/18 BALTIMORE, MARYLAND Page examiner 21. SIGNATURE OF EMPERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral ( FLECK FUNERAL HOME, INC. hours after death 7601 SANDY SPRING ROAD, LAUREL, MARYLAND in by the medical 23. PART I. Enter the diseases, or or the daeth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximata shock, or heart fall List only Interval Between 8 filled IMMEDIATE CAUSE (Final **Onset and Death** 朝 cremation disease or condition_ opmpletely event. resulting in death) DUE TO (OR AS A CONSEQUENCE executed prior to burla. eurogenie traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSTOUENCE OF): the attending physician I Mental Hygiene prior to it any, leading to immediate the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in desth) LAST 0 Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24e. WAS AN AUTOPSY PERFORMED? has been signed by the Dept, of Health and I any 1 - YES 2 NO OF DEATH? requires Shows 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: ₩. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The r this certificate h item EXAMINER? HOSPITAL: ATTENDING PHYSICIAN: 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA rsing Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO L DIRECTOR: After the hours after death v BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, tactory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Suicide COMPLETED 6 Could not be 28 4 Homicide ilem 9 29a. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL
TO THE FUNERAL DE filed within 72 h
IMPORTANT: If II (Check only one) 2 MEDICAL EXAMINER: On the investigation, in my opinion, desth occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERS HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri and 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE SEP1 9 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

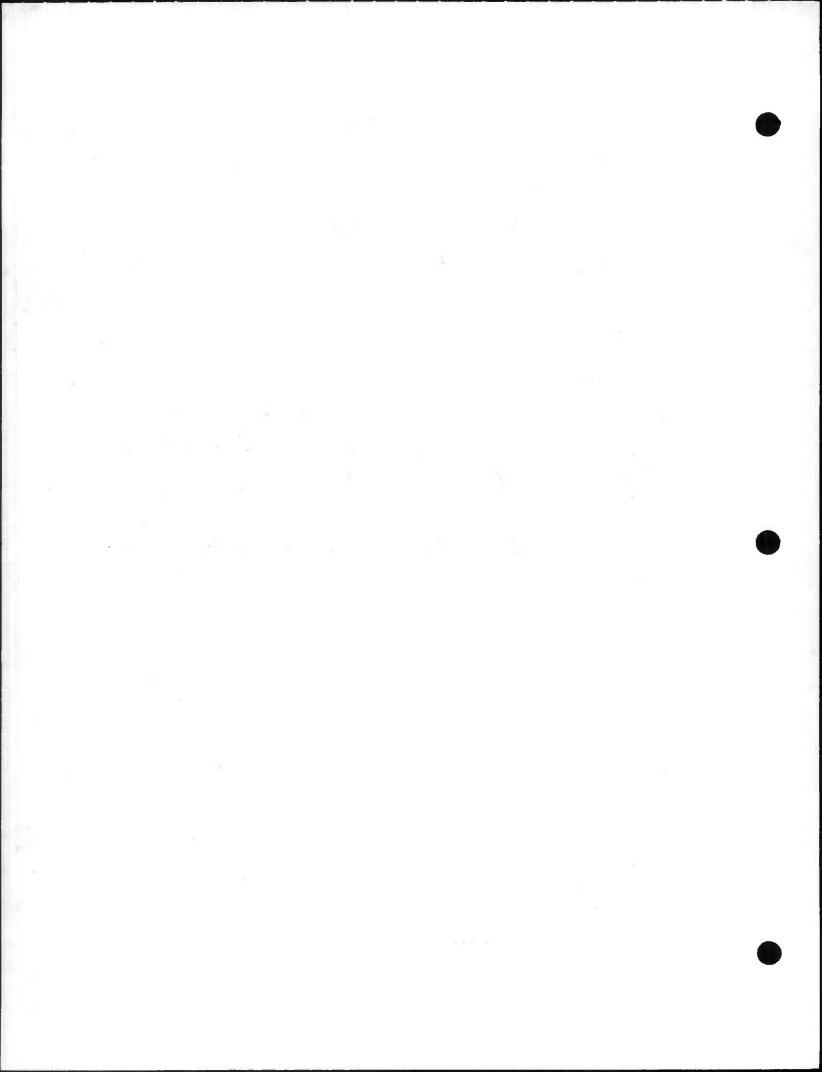


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L OR ATTENDING F
TO THE FUNEAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
COMPANY of the Control of the Contro

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		CERTIF	ICATE U	DEATH	RE	G. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	K.	Gros	sma	2	2. DATE OF DE	EATH DAY	3. TIME OF DEATH	
	4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS			8. BIRTHPLACE (State or Foreign	
RECTOR	215-24-3085	7//3/0						Country) RUSSIA	
	9e. FACILITY HAME (If not institution, give st	reet and number)		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COU	9c. COUNTY OF DEATH	
	RESIDENCE OF DECEDENT BALTIMORE							N/A	
	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IF								
DIRE	Md /30	IX.		BALTIMO	1ORE			LIMITS?	
Z Z	10e. STREET AND NUMBER	0	×	1	Of, ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?	
FUNERAL	did fu	eny C	1	21209				USA	
	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DE	CENOENT OF HIS	PANIC ORIGIN? (Spe lcan, Puerto Rican,	cify Yea or No-	14. RACE — American Indian, Black, White, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES ZX		S 2 X NO Spe		att.	Specify: WHITE	
	15. DECEDENT'S EDUCATION 164 DECEDENT'S SISSIAL OCCUPATION 455 KIND OF BUSINESS WAS A STATE OF BUSINES								
once. COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during r	nost of working	Tou. KIND	OF BUSINESS/IN	JUSINT	
1	Elevinoskai y/Sectoridai y (U-12)	College (1-4 or 5 +)	BROE	ER		PI	RINTING		
S is	17. FATHER'S NAME (First, Middle, Last)		Ditto:		14 MOTHER'S				
	PAUL KANTOR				GOLD	NAME (First, Middle,	melden sumame)	INTOXON	
B	19a. INFORMANT'S NAME (Type/Print)		401 000 000					UNKNOWN	
examiner must be notified TO BE	STANLEY KANTOR					POUT Number, City		7, MD 21136	
2	20a. METHOD OF DISPOSITION								
150	1 X Buriel 2 Cremation 3 Remo	val from State CO	b. PLACE AHD DATE metery, crematory or o	ther place)	9-	TO-32		Cify or Town, State	
9	21. SIGNATURE OF FUNERAL SERVICE LICE		HR KNESSE		AND ADDRESS OF		BALTIMO	RE, MD	
E	for O 1	J.				ON & BROS	S., INC.		
	23. PART . Enter the diseases, or co	reur	2	6010	REISTERS	STOWN ROZ	AD BALTI	MORE, MD 21215	
ON STATE THE THEOLOGIC	immediate Cable (Final disease or condition resulting in desth)  Sequentially list conditions,								
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
	PART II. Other clouddings are distant								
EDICAL							PERFORMED?	24b. WERE AUTOPSY PINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2	DID TOPACCO HER COLUM	IDLITE TO CALLER	DE DEATH		7			1 TES 2 NO	
3 3	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL	IDUIE TO CAUSE (				IN L			
Si Ci	EXAMINER'	HQSPITAL:	26. PLACE OF OEA	OTHER:	)				
X		1 Dippetient 2 ER/Out		4 - Hursing Ho		6 🗆 Other (Spec	ify)		
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	/ 26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OC	CURED	
	2 Accident 3 Suicide 6 Could not be determined 4 Homicide determined  26e. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify)  26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
APLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	EAH: To the best of my know	uladae death assum	d of the time de	estimi di.		24.24		
COMPLETED								ed. e csuse(a) and manner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER	u D.	Ting	MP	29c, LICENSE N	UMBER 0232/7	9 29d DAT	E SIGNED (Month, Day, Year)	
1	30. NAME AND ADDRESS OF PERSON WHO	D TIX	EATH (ITEM/27) (Type	Print)	SINA	1 1-1099	TAL	OF BALTIMOR	
	SEP1 91995 Ja	32. REGISTRAR'S SIG	NATURE		20 407	11-11	1		

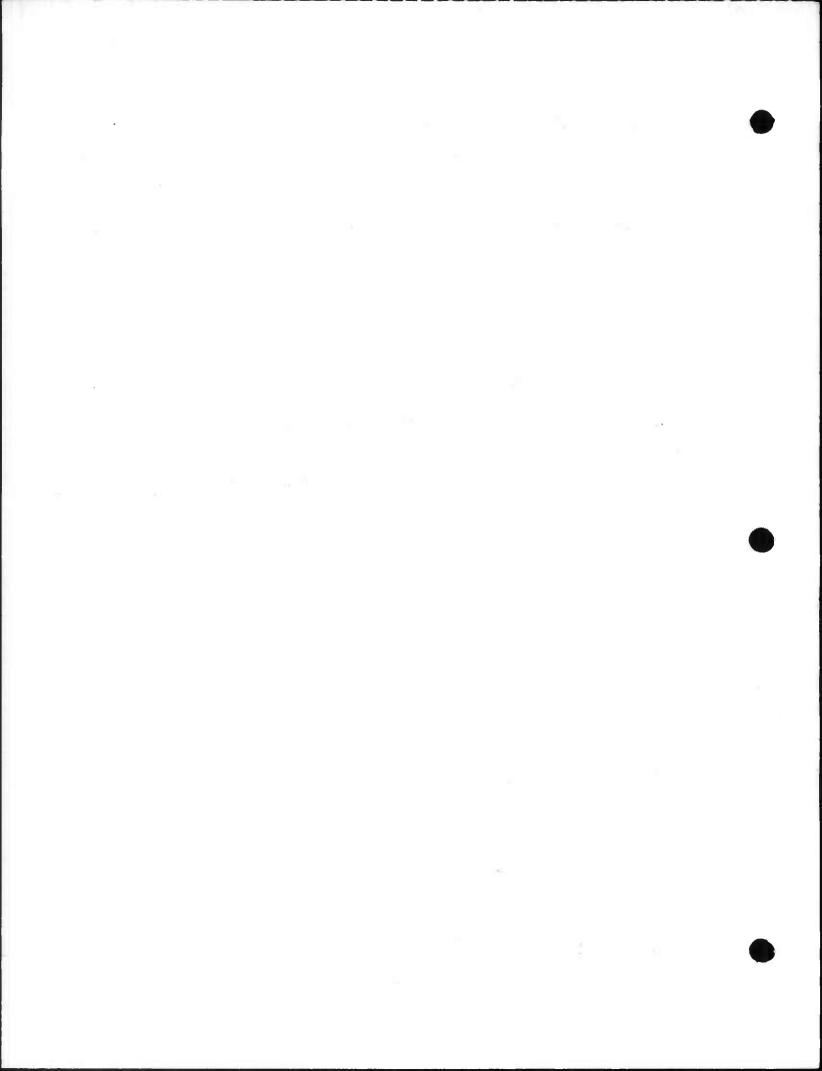


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

nours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing TO THE FINERAL DIRECTOR- After this certificate has been signed by the attending objection and commisses.

_		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Lest)	+ G01	DET			The state of the s	15, 1995	3. TIME OF DEATH 3.45A M	
		4. SOCIAL SECURITY NUMBER 212-18-7215	1 🗆 M 2 💢 F 99	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APR.1,189	8. BIRT Coun	HPLACE (State or Foreign	
	CTOR	98. FACILITY NAME (If not institution, give street and number)  LEVINDALE  98. CITY, TOWN OR LOCATION OF DEATH  N/A								
	DIREC	10a. STATE 10b. COUNT N/A	γ		Y, TOWH OR LOCA FIMORE	TION			10d. INSIDE CITY LIMITS? Y YES 2 NO	
	FUNERAL	100. STREET AND NUMBER  2434 W. BELVEDER	21215	-	WHAT COUNTRY?					
6	B	11, MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) Black, White,						
	PLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	ON ost of working	166. KIND OF BUSINESS/INDUSTRY  AT HOME						
등	E COMPL	12 HOUSEWIFE AT HOME  17. FATHER'S NAME (First, Middle, Lest) SAMUEL BILLIG GOLDIE UNKNOWN								
notifi	TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode)  MR. JACK BILLIG  2427 STILL FOREST RD. BALTO, MD 21208								
must		20e. METHOD OF DISPOSITION  YOU Buriel 2 Cremetion 3 Ren  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	noval from State cen	netery, crematory or o	OH 9/1	8/1995 ND ADDRESS OF FA	BAL	TIMORE,		
oval.		· Gen all	an Tw	<u>`</u>	SOL LE	VINSON &	BROS., IN	OM . OT.I	21215	
the medical		23. PART   Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abnock, for heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)								
ial, cremat c event,	_	disease or condition								
prior to buria	CATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
tal Hygiene p	CERTIFICATION	that initiated eventa  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST  d.								
	A	PART II. Other algnificant condition	ns contributing to death b	out not resulting	in the underlyin	g cause given in	Part I, 24a. WAS AN PERFOR	PMED?	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
of Hea	N: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YE	S NO	UNCERTAI		.,,,,,,	1 WES 2 NO	
the State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outs	26. PLACE OF DEAT	OTMER:	ne 5 🗆 Residence	B Other (Specific)			
	ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 26c. IN W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED		
hours after de item 28 is r		3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, atc. (Spec	' — At home, farm, s	street, factory, affic	:•	281. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,	
2 =	COMPLETED	2 MEDICAL EXAMINI	ICIAN: To the best of my know ER: On the basis of examination						a) and manner as stated.	
F 2	H H	29b. SIGNATURE AND TITLE OF CERTIFIE	" >E4 (5 Tu	ATTEN	DING	29c. LICENSE NUI	MBER 610	29d. DATE SIGNED	(Month, Day, Year)	
	۵	30. NAME AND ADDRESS OF PERSON WELEVINDALE 2		ATH (ITEM 27) (Type,		THT WENDE	WAR BALTIM	ITRE MI	21215	
')[		31. DATE FILED (Month, Day, Year) SEP1 91995	32. REGISTRAR'S SIGN	ATURE		, , , , , , , , , , , , , , , , , , , ,	277-111	[N./m 1.(1)	N. A.U	



FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Apst) 2. DATE OF DEATH RIMES 1ara ars Sep 4. SOCIAL SECURITY (NUMBER 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Form DAYS HOUSE 1 🗌 M 2 🜄 F 217-16-3089 80 July 18,1915 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 21229 DIRECTOR Pages 1, 2, 3 Elizabeth's 3320 Benson Ave Baltimore N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore 1 XYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3320 Benson Avenue use as the burial-transit 21229 United States retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 25 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Il yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 ☐ YES 2 ZNO Specify: BALTIMORE, MARYLAND 21215-0020 1 🔀 Never Married 2 🗌 Married BY Specify: 3 Widowed 4 Divorced white ETED. 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig entary/Secondary (0-12) page 5 should be detached for College (1-4 or 5+) COMPL 8 seamstress garment 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Hugh Grimes BE unknown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Linda Reeves Benson Avenue Baltimore, Maryland death. Page 6 may be e 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must funeral director, Cathedra1 Donation 5 - Other (Specify) Cemetery9/15 Baltimore, lew examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Ambrose Funeral Home, Inc. n and completely filled in by the to burial, cremation, or removal. toe 328 Sulphur Spring Road hours after medicai 25. PABY I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel the state disease or condition Me itututi enc event. resulting in death) requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician I Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 in lury, PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part t. MEDICAL 24a. WAS AN AUTOPSY n signed by th 24b. WERE AUTOPSY FINDINGS PERFORMED AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO 1 | YES 2 | NO t. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO 7 UNCERTAIN ME has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only the OR ATTENDING PHYSICIAN: The Item certificate ? HOSPITAL OTHER:
4 Nursing Home 1 YES 2 2 Inpatient 2 - ER/Oulpatient 3 - DOA 5 Residence 6 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEAT 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1. Vietural М 1 YES 2 NO BY After t 2 Accident investigation 28s. PLACE OF INJURY — At home, larm, street, factory, offica building, etc. (Specify) 3 Suicide 80 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: 28 4 Homicide tem 29a, CERTIFIER ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL TO THE FUNERAL IS be filed within 72 h (Check only one) HOSPITAL EOICAL EXAMI mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CER BE 29c. LICENSE NUMBER 5 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type. 3 en do

Studen Reveal

31. DATE FILED (Month,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21229

Maryland

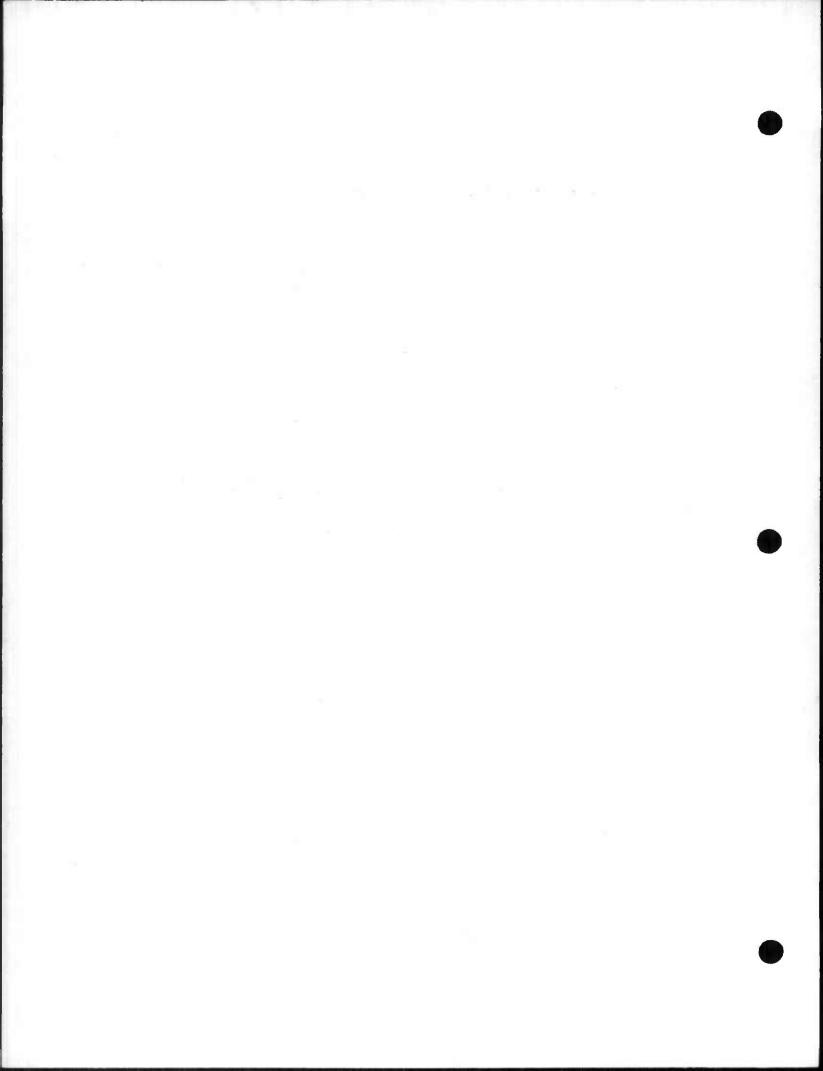
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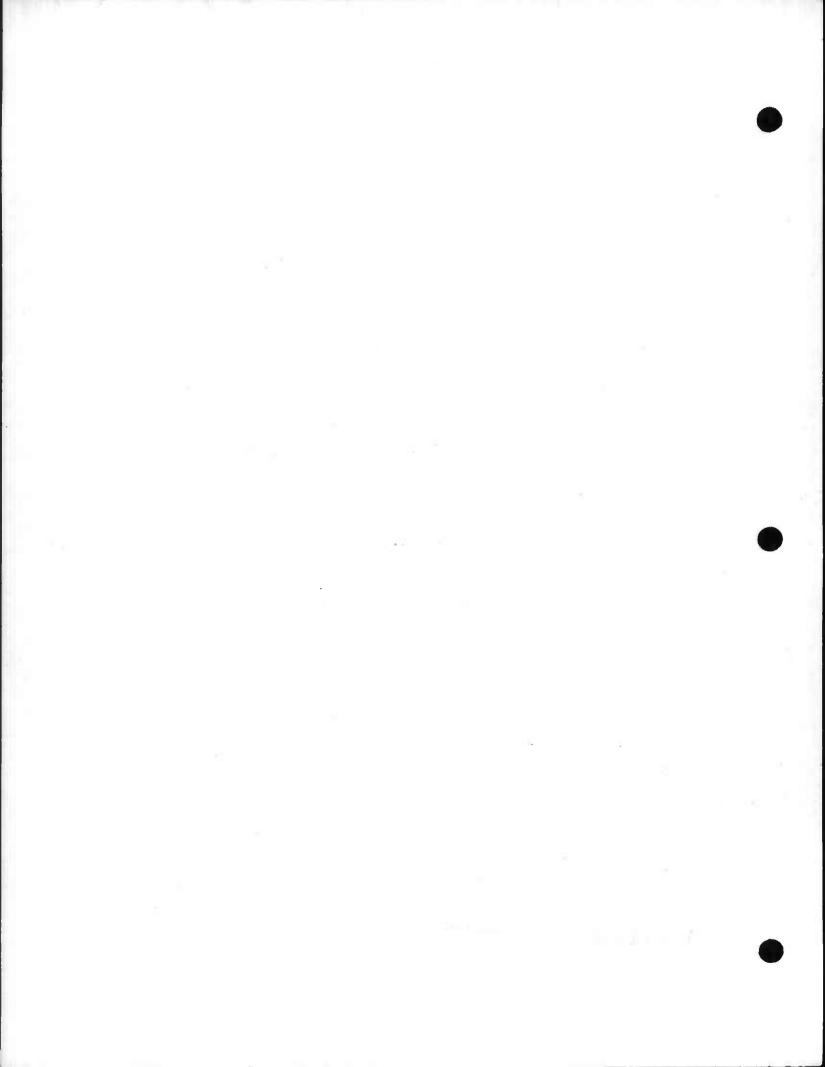


MARYLAND 21215-0020	or attending physician.
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ND 2	the hospital or
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BALTIMORE,	death.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

FHE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 2 3 should	fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL	TO THE FUNERAL I	be filed within 72 h	IMPORTANT: If I	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPA CERTII	RTMEN	T OF H	EALTH A	AND I	MENTAL	HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	. 1 . 0						2. DATE	OF DEATH			3. TIME OF D	EATH	
	Joann G	Haltord						SEPYE	nber	18 199	YEAR 5	5 30	PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday,			IF UNDER 2		7. DATE C			8. BIRTH	IPLACE (State o	or Foreign	
	216 40 1667	1 🗆 M 2 🔀 F	51 YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	. 20.	1943	Mar	yland		
_	9a. FACILITY NAME (If not institution, give str			9b. CITY	, TOWN C	R LOCATIO				9c. COUN				
5	Howard County Gene	ral Hospital		C	olum	oia				Howa	rd (	County		
EC	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CI	TY, TOWN	OR LOCAT	TON					-	10.4 INDIDE	MTV	
DIRECTOR	Maryland Howard			lkrio							٠. I	10d. INSIDE CITY LIMITS?		
AL	10e. STREET AND NUMBER			TVTT	_	. ZIP CODE				10a, CITIZ	EN OF Y	1 YES 2	4.5	
FUNERAL	141 New Castle Land	е				2	122	7			.S.F			
NO.	11. MARITAL STATUS	12 WAS DECEDENT EVEN IN I	J.S. ARMED	13.	WAS DEC	ENDENT OF	HISPAN	VIC ORIGINA	(Specify Ye		14. RACE	- American I	ndien,	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ES XNO			ecity Cuban, 2 TrNO			ican, etc.)	1	Speci	t, White, etc. lly:		
	15. DECEDENT'S EDUC									1		White		
TE	(Specify only highest grade of	completed)	(Give kind of ilfe. Do NOT	Work done	during mo	ON st of working	,	16b.	KIND OF BU	SINESS/INDI	USTRY			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)										<b>7</b>		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Housew	rre		16. MOTHE	ER'S NA	ME (First M	iddle, Maiden		wn F	iome		
	Martin Kaminski					215-21	aura		nkows					
) BE	19e. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRES	S (Street e					m, State, Zip	Code)			
5	Janice Herring		1028								-	1221		
	20e. METHOD OF DISPOSITION 11/2 Burlel 2 Cremetion 3 Remove	20b.F	LACE AND DATE	OF DISPOS	ALTION /No	me of		DATE	20c 10	CATION - C				
	Donation 5 Other (Specify)	Hol	ery cremetory or Ly Hil	l Men	Ga	irden	s 9/	/21/9	5	Balto	. Co	., Mary	land	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home P.A.													
	1300	to h								-	-	and 21	221	
	23. PART I. Enter the diseases, or co	emplications that coused f	the death. Do	not enter	the mo	de of dyin	g, sucl	h aa cardi	ac or reap	iratory arre	ent,	Approx	imate	
	ahock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final  Onset and Death													
	disease or condition . M. ) ( P )										240	wel		
	2										3mo			
0	Sequentially list conditions, b. CHE TO OR AS A CONSEQUENCE OF													
AT	if any, leading to immediate cause. Enter UNDERLYING	Pulminary D	TO SECUENCE O	, , , , , , , , , , , , , , , , , , ,	- (	Secure	5.00	. do 1	Barre	Lca		Aun	. la	
입	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE (	U") βλΨΩ XF):	vv -		DALC	90	DICAST	runce	•	1000	45	
CERTIFICATION	reaulting in deeth) LAST													
	DART II Other clearly and any distance													
8	PART ii. Other eignificent conditions	contributing to deeth but	not resulting	in the ur	nderiying	cause gi	ven in	Part i.	24a. WAS AN PERFOR	****	24b.	WERE AUTOPS MAILABLE PRI	OR TO	
MEDIC			_				_	-	1   YES 2	NO		OF DEATH?	OF CAUSE	
	DID TORACCO LICE CONTR	IDLITE TO CALLEE OF	DEATH N					_				1 TES 2	□ №	
A	DID TOBACCO USE CONTR		PLACE OF DE			UNCE	RIAIN	1 [						
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHE	R:									
H	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TH	AE OF	28c. INJ		Idence			NJURY OCC	URED			
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY M		RK?	NO							
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm,	street, fact	ory, office	,	_	281, LOCA	TION (Street	and Number o	or Rural R	loute Number,		
	4 Homicide determined	banding, etc. (opocity	,					City of	Town, State)					
PLE	29e. CERTIFIER (Check only	IAN: To the best of my knowled	ige, death occur	red at the t	lme, date	end place, e	end due	to the caus	e(e) end mar	nner as state	d.			
COMPLETED		On the beele of examination a										) and manner s	s stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICEN	SE NUM	IBER		29d. DATE	SIGNED	(Month, Day, Ye	ar)	
O BE	Michillas Kund	Jmo				D38	350	9		D 5€	pyllu	ber 18.1	995	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type	, Print)			1	-	1	1		,		
	NICHELAS KOUTECUA	405 M9 1065 Li	YXK Pay	luxen.	+ PKZ	ry a	olun	n bin	md	2101	14			
	SEP1 9 1995	32 AEGISTRADES CONT.				,					di.			



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

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DALIIN	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withlined sours after death. Pag	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis
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DIVISION OF VITAL NECONDS, P.O. BOA 60160.	ecuted	nd cor
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5	DING	Afte
2	ATTEN	CTOR:
5	OR.	DIRE
	SPITAL	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f

		1. DECEDENT'S NAME (First, Middle, Last,							-	2. DATE C	F DEATH	IV .	VEAD	3. TIME OF DEATH
,		Walter Hanas SEPTEMBEN 16 95 12:28 F												
		017 70 0000		n yrs. last birthday)	IF UNDE	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)		
2		213-30-8299	1 🔀 M 2 🗆 F	8	6 YRS.	MUNITES	DATS	HOURS	MIPI.	11 30 1908 Ukrain				
pinous	_	9a. FACILITY NAME (If not institution, give	,			96. CIT			ION OF DE	EATH			NTY OF D	
2,3	CTOR	Mercy Hospital Baltimore N/A												
1.	<u> </u>	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	TY		10c. CI	TY, TOWN	OR LOCAT	TION						10d, INSIDE CITY
permit. Pages	- DIRE	Maryland	N/A			Balt	imo	re						1 X YES 2 NO
De .	A A	100. STREET AND NUMBER 107 N. Lakewoo	d 0				10	. ZIP COD						VHAT COUNTRY?
an. Iransi	FUNERAL								224				S.A	•
ing prysician. the burial-transit	BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	U.S. ARMED 2 (NO TES		If yes, sp	ecify Cub		in, Puerto Ri	(Specify Yes can, atc.)	or No—	Spec Whi			
r attend use as	G	15. DECEDENT'S ED (Specify only highest grad	UCATION to completed)		16a. DECEDENT'S	S USUAL C	CCUPATIO	ON of work		16b.	KIND OF BUS	SINESS/INC		
for u	LETI	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT t	ise retired.)		of Dr WORN	ng.					
detached for once.	COMPL	12 Yrs.	5+		Draf	tsma	n			Ba	ltim	ore	Cit	V
deta	8	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surname)		
5 should be detact notified at once	BE		Hanas							ca		ylan		
shou shou	0	19a. INFORMANT'S NAME (Type/Print)				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
9e 5	-	Roman Hanas			8305	010	На	rfo:	rd R	≀d.Ba	ltim	ore	MD	21234
e funeral director, page J.	1 45	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City of Town State										wn, Stata		
deam. rage o may funeral director, pa examiner must b	1 3	1 X Buriel 2 Cremetion 3 Remove from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  1 Cremetery, cre												
min min	1 18	11/V & Zeiler Inc Funeral Home												
e fur exa		Catherine M. Seiler 1901 Eastern Ave. Balto. MD 21231												
and the destination of the description of the descr		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
Do L		ahock, or heart fallura. List only one cause on each line.									Interval Batwe Onset and De			
ation.		diseese or condition	E BR	ONO	CHO	PN	841	MON	LIA			4 DAY		
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ysicis prior	<u>S</u>	CAUSE (Disease or injury	ease or injury											
nding phy Hygiene or other	RTIF	that initisted events reaulting in death) LAST	DUE TO	(OR AS A	CONSEQUENCE	P):								
thendi	1 Ш 1	readiting in death) Exst												
ed by the att th and Menta any Injury,	LC	PART il. Other significant condition	one contributing to	deeth bu	ut not resulting	In the u	nderlyin	g cause	given in	Part I.	24s. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDING
d by and	EDICAL	CHAONIC OBS							_		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Signe Health		PERIODE ANTERIAL INCLESSION DEDEATHS												
been sign of Healt	Σ.	DID TOBACCO USE							₹ NC					1 YES 2 NO
r this certificate has been with the State Dept. of arked, or Item 23 st	AN	25. WAS CASE REFERRED TO MEDICAL							_	eck only one	,			
State State	SICI	EXAMINER?	HOSPITAL:	ER/Outp	ntient 3 DOA	OTHE	R:							
this certification.  with the St.  ked, or it	¥	27. MANNER OF DEATH	26e. DATE OF	INJURY	26b. Til	WE OF	28c. INJ	URY AT	a a 10 e 1 1 c a		Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED			
tter this eath with marked	A >	1 Natural 5 Pending	(Month, D	Pay, Ybar)	IN.	JURY		PRK?	NO					
After death	D BY	2 Accident investigation 3 Suicide 8 Could not be	26e, PLACE O	F INJURY	— At home, ferm,	streat, fec	tory, offic	•		28f. LOCA	TION (Street a	ind Number	or Rural I	Route Number,
CTOR:	핃	4 Homicide determined	building,	atc. (Speci	ny)					City or	Town, State)			
DIRE	PLE	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowl	adra darth co	mad at the	lime day-	and als:	and A	to the sec	efel es d =		Ga .	
RAL	Σ													) and menner ae stated.
THE FUNER fled within PORTANT:	8	296. SIGNATURE AND TITLE OF CENTURE					,				7   1000, 410			
四部	BE	CASSA D , IN OLA	2011-00	_	M.D.				O 7	316				(Month, Day, Year)
Z u Q c		1 1/2000 PM 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LAW / WILL		1V1 A 3/ 1				~ /	216		P 3 (		11-73

HAMI AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOTARANGELO

3. REGISTRAR'S SIGNATURE

JOSEPH

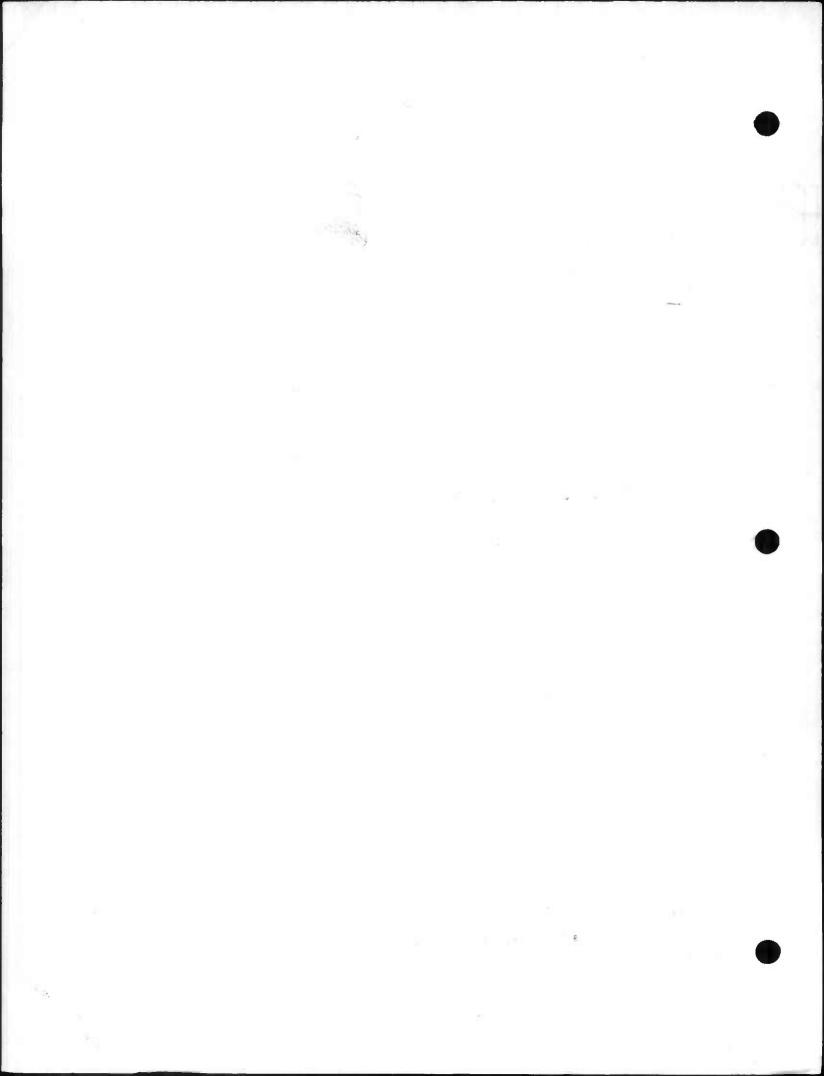
D SEP1 9 1995 **CERTIFICATE OF DEATH** 

95 28071 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH YEAR S 12:28 A W 16 BIRTHPLACE (State or Foreign Country) 190B Ukraine 9c. COUNTY OF DEATH N/A 10d, INSIDE CITY LIMITS?

REG. NO

1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. White JSINESS/INOUSTRY nore City ylanska wn, State, Zip Code) nore MD 21234 OCATION — City or Town, State Balto. County c.Funeral Home Balto. MD 21231 piratory arrest, Approximata interval Batwean **Onset and Death** 4 DAYS SEVERAL IYEAA N AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 2 NO 1 YES 2 NO INJURY OCCURED and Number or Rural Route Number.

M.D. 301 St. PAUL PLACE BALTIMONE MO 21202



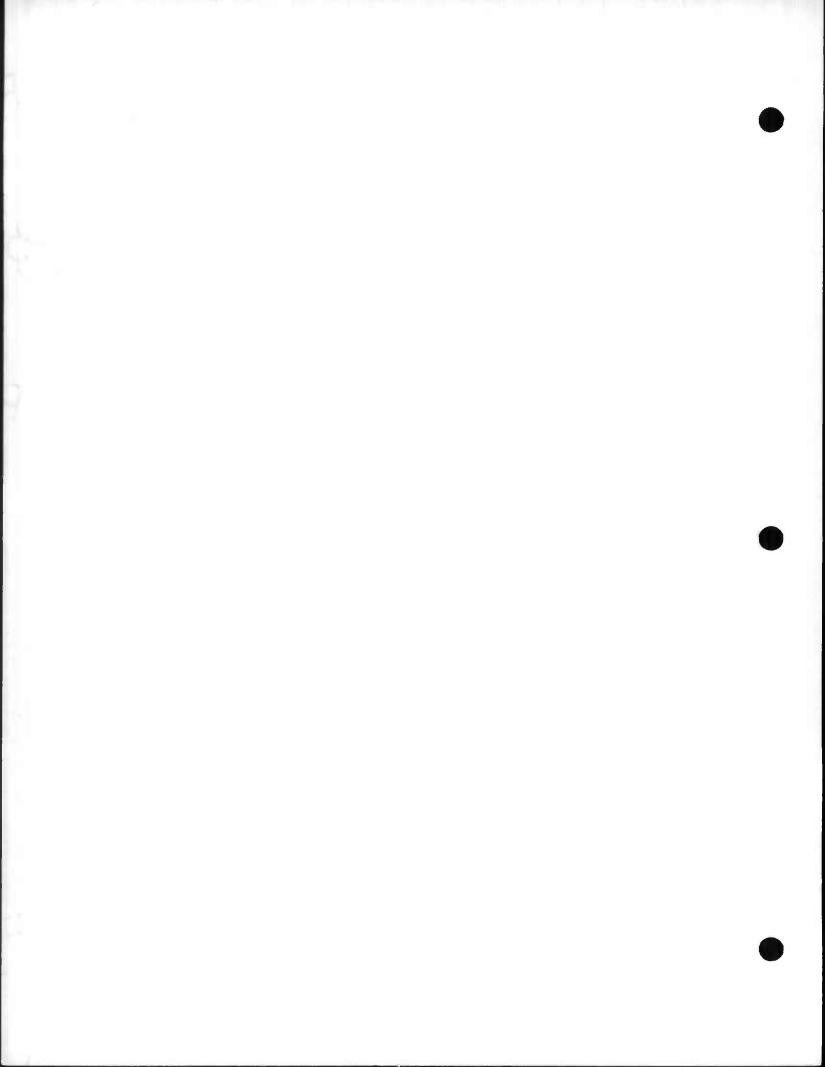
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be reta	EUNERAL DIRECTOR: After this certificate has been signed by the attending observing and completely filed in his transfer is as

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	_						DEALL	HEG. NO			
		1. DECEDENT'S NAME (First, Middle, L	est) .				· ·	2. DATE OF DEATH		3. TIME OF DEATH	
		I IlioD.	Harris	/~~				MONTH D	10	EAR 1000	
		4. SOCIAL SECURITY NUMBER						Dept 1	19	15 10121	
		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)	
		241-82-4814	1 🗆 M 2 💢 F	54	YRS.	ONTHS DAYS	HOURS MIN.		940	M.C.	
	ŀ	9a. FACILITY NAME (If not institution, g	ive street and number)			h CITY TOWN	OR LOCATION OF D		9c. COUNTY	10.0	
	œ	9: 16	21.0			0 11	on countries or b	LAIN .			
- 13	DIRECTOR	Jinai Ho	101 tale			Ca Ito			/	VA	
	<u>ن</u>	RESIDENCE OF DECEDENT									
	اق	TOB. CON			10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?	
- 13	ᅙᆙ	Ma	NA		1 Ba	Himor	e			1 YES 2 NO	
	7	10s. STREET AND NUMBER					. ZIP CODE		10a. CITIZEI	N OF WHAT COUNTRY?	
	FUNERA	4111 12011	Augus				71711		11		
	2	11. MARITAL STATUS	Hochue				4/213		U	· J. 14.	
	군	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1			13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14	. RACE - American Indian, Black, White, atc.	
	B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			2 NO Specif			Specify 1	
		3   Wildowed 4   Divorced					7	,		Glack	
		15. DECEDENT'S				UAL OCCUPATION		16b. KIND OF BUS	INESS/INDUS	TRY	
		(Specify only highest g		- 10	Give kind of wor e. Do NOT use p	k done during mo etired.)	st of working		T. A. T. L. C. C. C.	-	
		12th am 10	College (1-4 or 5	*)	$\alpha u$	exte		Insur	nnao	Company	
ei i	OMP	100 11000	IVA		9	eric		47 BUI	MICE	company	
once.	8	17. FATHER'S NAME (First, Middle, List)	./ .				18. MOTNER'S NA	ME (First, Middle, Meiden	Surname)		
70	<u> </u>	Meutenant	Harris	In			Marth	Bullac	K		
9	0	19a. INFORMANT'S NAME (Type/Print)			h MAILING AL	ODBESS /Street	and Mumber or Burel	Route Number, City or Town	Out. 7/- 0-		
notified	2	130.1	much	1."	MIAA	Oness Door .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	noute number, City or low	1, Stere, Zip Co	71244	
De			Moon		110 /	Ku	Q15111	Court	Kand	Call stown my	
		20a, METHOD OF DISPOSITION  1 M. Burial 2 Cremation 3 E	lemoval from State	20b. PLACE	AND DATE OF	DISPOSITION (NE	me of	23 DATE 200, LO	CATION - City	y or Town, State	
must	- 1	4 Donation 8 Other (Specify)	Tellioval Holli State	cemerery, ca	ematory or othe	DALAM (	I fark	7/1/95 40	10 A. 1	1-1. Md	
	- 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		1	22. NAME A	D ADDRESS OF FA	CHITY	way	13 Kilwin, M	
examiner	ŀ		500			Mara	6 E 4.1	Last		7/2/1	
ex e	ŀ	( ) ala	Ma	ch		Marc	7/20	2 11 le had	1 11.	12 11 1	
Cai		23. PART I. Enter the diseases.	or complications the	t caused the d	eath Do not	enter the mo	do of dulan our	J W.OAU.	Here	Cars ru	
medical	- {	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line.  Approximate interval Between									
	- N	IMMEDIATE CAUSE (Finel									
를		disease or condition									
event,	i	resulting in death)  e. Due TO LOR AS A CONSCIUENCE OF: //									
		Sequentially list conditions . At terior less to # Sant 1) years 10years									
traumatic	5										
5	≣ ∥	if any, leeding to immediate	DUE 79	IUH AS A CONSE	S A CONSEQUENCE OF):						
E 2	3	CAUSE (Disease or Injury	c. //	per les	yh.					royear	
other	<u> </u>	thet initiated events	DUE TO	(OR AS A CONSE	OUENCE OF):						
0 0	=	resulting in death) LAST	10								
3 6	CERTIFICATION		0								
5		PART II. Other significant condi-	ions contributing to	death but/flot	resulting in 1	the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
ws any in	3	Chunci	1 genel	Tartur	0	1) (	1111	PERFOR		AWAILABLE PRIOR TO	
E 2	5	11/	V Comp	1		7	701	1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?	
0 9		- Grasa	u a threse	Asso		_ ′		_		1 TES 2 NO	
-		DID TOBACCO USE CO	NTRIBUTE TO CA	USE OF DEA	TH YES	D NO P	UNCERTAIL	V D			
23 8	1	25. WAS CASE REFERRED TO MEDICAL				(Check only one)	DITCERIAN	T			
ed, or item	2	EXAMINER?	HOSPITAL:		Io	THER:					
10 0	2	1 TES 2 HO	1 Inpatient 2 L	ER/Outpetiant 3			e 5 🗆 Residence	8 Other (Specify)			
9	=	27, MANNER OF DEATH	28a. DATE OF		28b. TIME C			28d. DESCRIBE HOW IP	JURY OCCUR	ED	
48		1 Hatural 5 Pending	(Month, D.	ay, rear)	INJUR		RK? 'ES 2 NO				
		2 Accident Investigation		P thi Hamai							
80 H		3 Suicide 8 Could not determined	building,	F INJURY — At he atc. (Specify)	ome, rarm, stre	et, factory, office	,	28f, LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,	
~   F		4 Homicide determined						_			
5	į [[	29e. CERTIFIER 1 CERTIFYING PM	YSICIAN: To the best of	my knowledge 4	oth con-	d the time of	and plant of the	to the cause(e) and man			
=   5	i II										
ANT: If Its	3	A   MEDICAL EXAM	THE DESIGN OF ST	semination and/or	investigation, I	n my opinion, d	eath occured at the	time, data and place, and	due to the co	ause(s) and manner ea stated.	
E 1		29b. SIGNATURE AND FITTE OF CERTI	HEIV	871			29c. LICENSE NUI	IBER I	29d, DATE SI	NED (Morgh, Day, Year)	
IMPORTANT: If Item		O Well	1 04 15	0.1	yu-		1) 0	29217	N91	15/91	
<b>≅</b>   ₽	2	30. NAME AND ADDRESS OF PERSON	www.communication.com	W 600 mm			"/	1112	-//	771	
1		30. MAME AND ADDRESS OF PERSON	7 COMPLETED CAUS	DEATN (ITE	M 27) (1700, M	no) 1 (	RI	1.14 R	117	DILLA!	
		14 De V/	HKY 5	114	11 cope	1 mg	11/100	Juin 16	111.	DULINA	
	F	31. DAYE FILED (Month, Clay, Year)		A'S SIGNATURE			-	·		01141	
		SEP 1 9 1995	July alluctes	relactive						2100	



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order of hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

-	REGISTRAR			JENTIF	ICATE	UF	DEATH		REG. NO			
Á	1. DECEDENT'S NAME (First, Middle, Lest)	EMMA KATHR	YN ROHE	HERZIN	IG NG			2. DATE	OF DEATH	AY.	YEAR 3	TIME OF PEATH  H 05 AM M
	4. SOCIAL SECURITY NUMBER	6. SEX (	. AGE (In yrs.	fest birthday)	IF UNDER 1	-	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
9	216/09/2519	1 □ M 2 ☑ F	82	YRS.	MONTHS	DAYS	HOURS MIN.	12/2	1, Day, Year)	2	PENNS	YLVANIA
	9s. FACILITY NAME (If not institution, give et	treet and number)			9b. CITY,	TOWN C	R LOCATION OF D				NTY OF DEA	
5	GOLDEN OAKS NURS	ING HOME			T.AT	JREL				PRIN	CE GE	ORGE
5	RESIDENCE OF DECEDENT									1 1111	02 02	ONOL
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN OR	LOCAT	ION				1	Dd. INSIDE CITY LIMITS?
		CE GEORGE		LA	UREL						1	☐ YES 2 X NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	IZEN OF WH	AT COUNTRY?
崱	9001 CHERRY LANE						20708			U	.S.A.	
<u> </u>	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT   FORCES? 1	EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Ver	or No-	14. RACE -	- American Indian, White, atc.
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAI			11	YES	2 NO Speci	ry:	mount, with		Specify:	WHITE
	15. DECEDENT'S EDUC	CATION	10.	DECEDENT'S	1101111 000							MULIE
COMPLETED	(Specify only highest grade	completed)		(Give kind of v	vork done du	iring mo	st of working	166	. KIND OF BU	SINESS/INC	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+) ONE		OMEMAK					WN HON	(F		
8	17. FATHER'S NAME (First, Middle, Last)	ONE	1110	)11L11111	DIC		18. MOTHER'S NA				-	
	GEORGE ROH	F.					ELIZA		WICONE, WEIGHT		EBERL	v
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (	(Street a	nd Number or Rural		her City or Thu			
임	KAREN D. BECK						E ROAD		IMORE.		2120	7
	20a, METHOD OF DISPOSITION 1 (A Burlal 2 Cremation 3 Remo		20b. PLAC	EANDDATE							City or Town	
	1 (△ Burial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 8 ☐ Other (Specify)	oval from State	cemetery,	LAND N	ther place)			993	1 1			ARYLAND
- 1	21. SIGNATURE OF FUNERAL BERVICE LIC	ENGEL			22, N	AME AN	O ADDRESS OF FA	CILITY			, , ,	THE ESTIMA
- 1	1/1/	1.					LETON FU				IDNITE	WD 01061
	23. PART I. Enter the diseases, or c	complications that	caused the	death Do n	ot enter ti	DE!	de of dulpa euc	, , D	.W. GL	EN BU	JENIE,	MD 21061
	snock, or neert failure. I	List only one cause	on each li	ne.			an or dying, auc	on an Care	nac or reap	recory wit	rwat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Pno	. 104 b	2								Onset and Death
	reaulting in death)		I MON		D:							nours
_					,							
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate	OUE TO (O	R AS A CONS	SEQUENCE OF	7:							
3	CAUSE (Disease or injury	2										
	that initiated events resulting in death) LAST	OUE TO (O	R AS A CONS	SEQUENCE OF	<b>う</b> :			_				
Ä	towarding in deading CAS:	i										
	PART II. Other eignificent conditions	a contributing to de	eeth but no	t resulting i	n the und	erivino	cause given in	Part I.	24a, WAS AN	AUTOPSV	24b W	ERE AUTOPSY FINDINGS
EDICAL	Dementic						,		PERFOR	MED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
	Renal Tubu	10= A=1	1	7				[	1 TYES 2	A NO	0	F DEATH?
≥	DID TOBACCO USE CONTR				s $\square$ N	N/O	LINICEDTAL	N D			1	☐ YES 2 ☐ NO
₹ I	25. WAS CASE REFERRED TO MEDICAL	THE TO CALL		ACE OF DEAT			OTTCLKIAI	ип				
	EXAMINER?	HOSPITAL:	R/Outpatient	3 DOA	OTHER:	on Home	8 - Reeldenca	a 🗆 Otho	(Cassiful			
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF IN	JURY	28b. TIM	E OF 2	8c. INJU	JRY AT	1	CRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending Investigation	(Month, Day,	Year)	INJ	M	1 Y	RK? ES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF I	NJURY - A1	home, farm, s	treet, factor	y, office		281. LOC	ATION (Street	and Number	or Rural Rout	te Number,
	4 Homicide determined	bullating, and	ci (opecity)					City	or Town, State)			
	290. CERTIFIER Check only	CIAN: To the best of m	y knowledge,	death occurre	d at the tim	e, date	end place, end due	10 The cau	se(s) end mar	ner es stat	led.	
COMPLETED	070) 2 MEDICAL EXAMINER											nd manner se stated.
O I	296. SIGNATURE AND TITLING CERTIFIER						29c. LICENSE NUI					onth, Day, Year)
m	Jenne	1 4 Mon	MD	)			D432			150	heuber	18, 1995
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (IT	ГЕМ 27) (Тура,	Print)							1.00
	Jenny Y Min	1. MD 1	1333 (	Laurde	Sowie	Rd	#307 6	aure	1 mg	207	80	
	SEP1 91995	F2 PEGISTRAR	SISIGNATURE	dell								
	2551 8 1232	Jan and										}

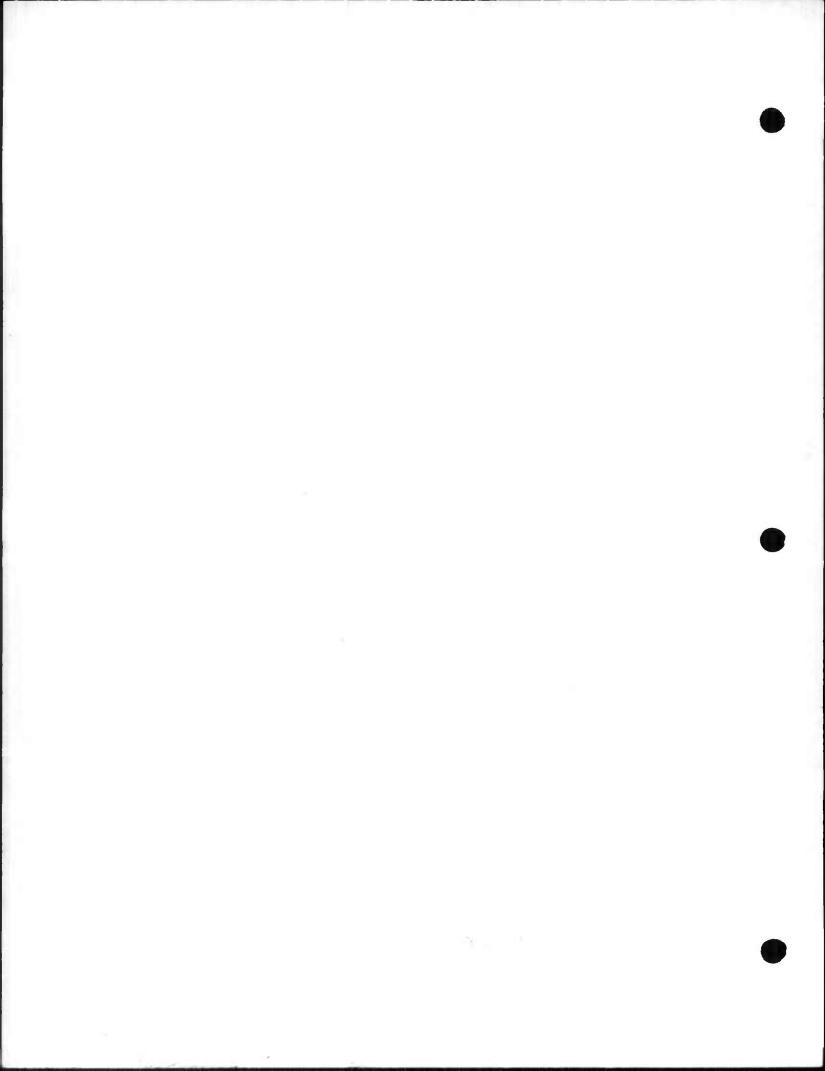
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INISION OF VITAL RECORDS, P.O. BOX 68/60	ATTENDIAL DUVELCIAN. The face consises that the death cartificate he executed unithing 28 hours often death
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	WADE		HOUD				4 199	5 1:06 F	O _M
				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign	
		1 -X M 2 - F	40 YRS.	ONTHS DAYS	HOURS MIN.	NOVEM 20		MD	
_	Se. FACILITY NAME (If not institution, give stre		9	b. CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
5	BAYVIEW MEDICA	L CENTER		BALTI	MORE		N/2	A	
EC	10s. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCAT	ION			10d, INSIDE CITY	
DIRECTOR	MD	N/A			E CITY			LIMITS?	
	10e. STREET AND NUMBER			101.	ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?	-
ER,	3408 CLIFTMOUN'	T			212	13		U.S.A.	
FUNERAL		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Y	es or No 14.	. RACE — American Indian,	
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			ZXXNO Specif	in, Puerto Rican, etc.)		Black, White, etc.  Specify:	
- 1								BLACK	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION xmpleted)	(Give kind of wor life, Do NOT use if	k done during mos	N st of working	16b. KIND OF B	USINESS/INDUS	TRY	
		College (1-4 or 5+)		etred.)					
MO	11th 17. FATHER'S NAME (First, Middle, Lest)	N/A	COOK		16 MOTHER'S NA	RED I		RESTURANT	
	HOWARD	HOOD				IME (FIRSI, MIOGIE, MAIOS		2.77	
BE	19a. INFORMANT'S NAME (Type/Print)	HOOD	19b. MAILING A		ELSIE	Route Number, City or To	CLAI		-
5	HOWARD HOOD							MD. 21213	
	20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION (Na			OCATION — City		$\dashv$
	1 Buriel 2 Cremetion 3 Remove 4 Donation 8 Other (Specify)	al from State cem	etery, cremetory or othe ZION C	r placa) EMETER	Y	9/21 LA	NSDOWN	JE. MD.	
	21. SIGNATIONE OF FUNERAL SERVICE LICEN	esee /	1.		D ADDRESS OF FA	CILITY			
	* FRIIIN A	1 ( ) AM	nostre	1129	N. CAR	BETTS F		TO, MD21213	
	23. PART I, Enter the diseases, or con	mplications that caused	the death. Do not						$\dashv$
	shock, or heart fallers. Lis IMMEDIATE CAUSE (Fine)	st only one cause on ee	ech Ilne.				and and a	Interval Betwee	
	disease or condition		Remail	Faile	10			C/ Dave	6
	resulting in death) a.	Renal Failure				- 1		4	
Z	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):  Acquired immune deficiency Syndiane 10 year.  OUE TO (OR AS A CONSEQUENCE OF):							15	
OIT	Sequentielly list conditiona, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):						
2	CAUSE (Disease or Injury	DIE 70 (00 10 1					·		
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
E	d.,								$\dashv$
AL.	PART II. Other eignificent conditions	contributing to death by	ut not resulting in	the underlying	cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	GS .
		CIRRHOSI_	)			t 🗆 YES	1 4	COMPLETION OF CAUSE OF DEATH?	
闄		in depende		es		_		1 TYES 2 NO	-1
z	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	F DEATH YES		UNCERTAIL	V 🗆			
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only one)					
PHYSICIAN: MEDIC	1 YES 2 NO 1	☐ Inpetient 2 ☐ ER/Outp	itient 3 DOA	Nursing Home	5 🗆 Residence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WOI	RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
B	2 Accident Investigation	00- PL 005 OF BUILDIN			ES 2 NO				
3 Suicide 6 Could not be determined  288. PLACE OF INJURY — At home, farm, street, factory, office  4 Homicide determined  288. PLACE OF INJURY — At home, farm, street, factory, office  City or Town, State)								Rural Route Number,	1
									4
299. CENTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and due to the cause(e) and due to the cause(e) and manner as stated.									-1
		on the seale of examination	and investigation,	in my opinion, or					
닒	296 SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	IBER	29d. DATE SI	GNEO (Month, Day, Year)	
2	36. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Ema C	int)	4777	17		9/15/95	_
	Theres V. Week	M. D. Lana A.	1 Leve I Co Fo	L-12	la n	2005		,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		- Paul	NI.I.	-1-07			_
	SEP1 91995 Juli	Studentarland	JE .						



Page 6 may be retained by the hospital or attending physician.

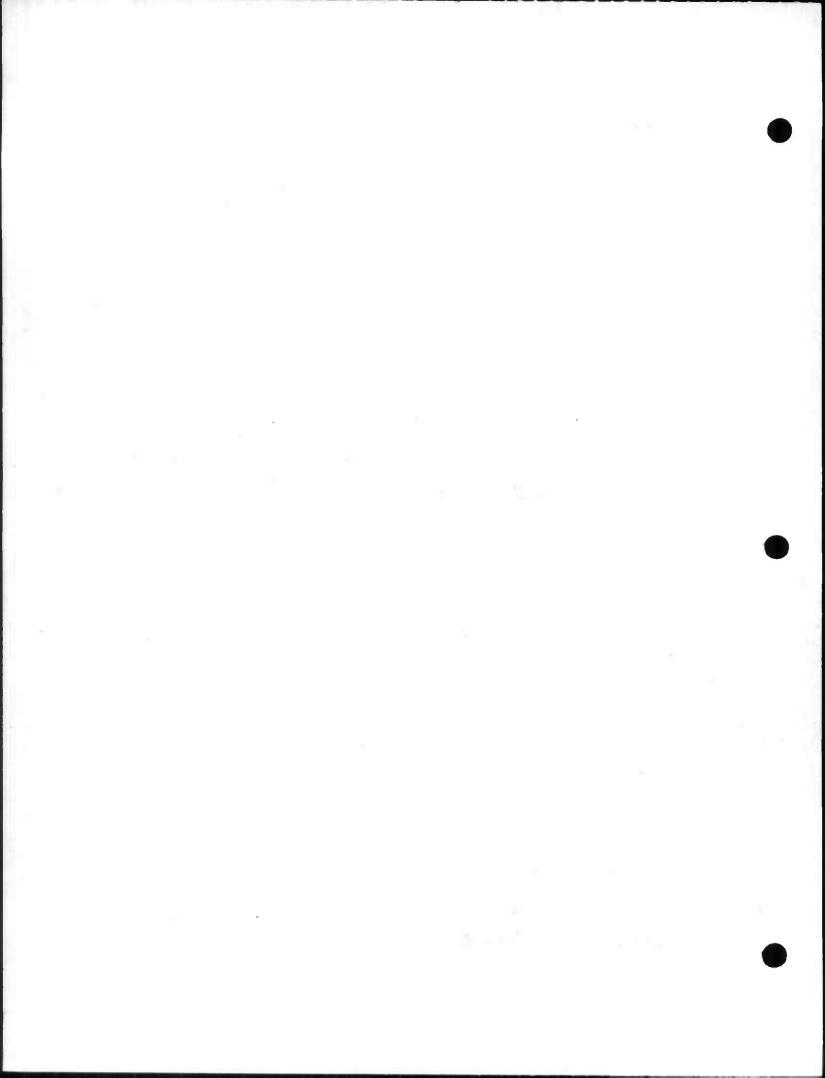
I director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=	ĺ

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATI	OF DEATH	REG. NO.

,	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE	D B	
	1. DECEDENT'S NAME (First, Middle, Last) MYRA E. HULL		OLITTI I	OAIL OI	DEATH	2. DATE OF DEATH MONTH DAY	6, 1995	
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	217-22-5274 Se. FACILITY NAME (If not institution, give si	1 D M 2 X F 86		MONTHS DAYS	HOURS MIN.	JAN.31, 19		IARYLAND
OR	SUMMIT NURSING HO				NSVILLE	-Ain		IMORE
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	1	10c. CITY	, TOWN OR LOCAT	ION	-		10d, INSIDE CITY
DIRECTOR	MARYLAND BALT	CIMORE CITY		I	BALTIMORE	£		1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			100	. ZIP CODE			F WHAT COUNTRY?
NE	3515 WILKENS AVEN	UE 12. WAS DECEDENT EVER II	ILLE ADMED	10 100 050	21229	NIC ORIGIN? (Specify Yes		S . A .
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	II yes, sp		n, Puerto Ricen, etc.)	BI	CE — American Indian, ack, White, etc. ectly: WHITE
ETED	15. DECEDENT'S EDU	CATION completed)	18a. DECEDENT'S	USUAL OCCUPATION done during mo		16b. KIND OF BUS	INESS/INDUSTRY	
ĽEJ	Elementary/Secondary (0-12)	College (1-4 or 5+)	iii. Do NOT usi	e retired.)		HOME	MARTNO	1.00
COMPL	6TH GRADE  17. FATHER'S NAME (First, Middle, Lest)		HOMET	ARER	10, MOTHER'S NA	AME (First, Middle, Maiden S	MAKING	
	ARTHUR E. ATKINSO	N				E. VAN SAN		
O BE	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
	ELAINE R. FOARD	I and	1814			HALETHORPE	, MD 2	1227
	1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	netery, crematory or of ORRAINE	her plecel			ODLAWN	lown, Suna
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	ND ADDRESS OF FA			
	Jacki N.	Skann	or.			AVENUE - BA		, MD 21229
	23. PART / Enter the diseases, or shock, or heart feliure.	complications that ceuse List only one ceuse on e		ot enter the mo	de of dying, suc	ch as cardiec or respir	ratory arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Gana	Y1 45	1844	Foot	_		Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):						ours.
N	Sequentially list conditions,	DUE TOYOR AS A CONSEQUENCE OF:						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	Art	2 Y/US Clor	0 BIS	Senera	152 ed		10 42×15
	CAUSE (Disease or injury that initiated events					ung Dis		1-11
EH	resulting in death) LAST	d	111005	STruct	ike h	ung DIS	3522	15 yurs
AL O	PART II. Other algnificant condition	s contributing to deeth t	out not resulting i	n the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC					-/-	1 🗆 YES 2	dus	OF DEATH?
W	DID TOBACCO USE CONT	PIRLITE TO CALISE C	OF DEATH YE	SINO	UNCERTAL	N D		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT		2 OTTOCKIAI			
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA	OTHER: 4 [Littursing Hon	ne 5 🗆 Raeldence	6 Other (Specify)		
PH	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY W	IURY AT DRK?	28d. DESCRIBE HOW IN	NJURY OCCURED	
BY	2 Accident Investigation	28e. PLACE OF INJURY	r — At home, ferm, i		YES 2 NO	28f. LOCATION (Street a	and Number or Rur	ral Route Number,
ETED	4 Homicide 8 Could not be determined	building, atc. (Spe	cify)			City or Town, State)		
PLE		ICIAN: To the best of my know	rledge, death occurr	ed at the time, date	and place, and du	e to the cause(a) and man	ner as stated.	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death						e time, data and place, and	d due to the caus	se(s) and menner as stated.
BE	296. SIGNATURE AND THE OF CONTIFIE	"Hatt	n O		29c. LICENSE NU	1777	P 9/	(Month, Day, Hear)
입	30. NAME AND ADDRESS OF PERSON W						11	9/13
	DR. WILLIAM E. M			ICK ROAD	- CATON	SVILLE, MD	21228	_41
	SEP1 9 1995	32 REGISTRAR'S SIGN						



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
	BELENA  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE /	HUNTE	F UNDER 1 YEAR	IF UNDER 24 HRS.	SEPT. 01		9:50 AM HPLACE (State or Foreign
	248-06-8385	1 □ M 2 X F 7		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-28-1918	Coun	
_	9a. FACILITY NAME (If not institution, give s	treet and number)		b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
5	SINAI HOSPITA	L		BALTI	MORE			
É	10a. STATE 10b. COUNT	Υ		imore	TION			10d. INSIDE CITY LIMITS?
1	Maryland		Succ		t. ZIP CODE		10e. CITIZEN OF	1X YES 2 NO WHAT COUNTRY?
	4007 W. Strathmor	re Avenue			21215		U.S.A	١.
101	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	It yes, sp		NIC ORIGIN? (Specify Yes on, Puerto Rican, atc.)	Blac	E — American Indian, ok, White, etc. city:Black
ree i eu	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo		16b. KIND OF BUSH	NESS/INDUSTRY	
5	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden St	mame)	
5	190. INFORMANT'S NAME (Type/Print) Deborah Patterson	(2)	4007 W	DDRESS (Street )	end Number or Rurel thmore Av	Route Number, City or Town, 1enue-Balt (1	State, Zip Code) NOTE, Mo	aryland 21215
	20a. METHOD OF DISPOSITION	20th corn State Cer	D. PLACE AND DATE OF		eme of	OATE 20c. LOCA	ATION — City or 1	lown, Stata
	1   Buriel 2   Cremetion 3   Rem 4   Denetics Other (Specify)   1 21. SIGNATURE OF UNERAL SERVICE L				ND ADDRESS OF FA	CILITY		
	Lange adh	4 Juse	_	State	Anatomy	Board-655 ( more, Maryle	v. Balt	imore Street
MEDICAL CENTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initieted eventa resulting in death) LAST  PART II. Other significant conditions the conditions of the conditions o	c.  DUE TO (OR AS A  d.  na contributing to death to  Endsteye k	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in	the underlyings	lg cause given in	Part I. 24a. WAS AN A PERFORM 1 YES 2	UTOPSY 24	ID. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN.	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C	OF DEATH YES		UNCERTAI	ND		
HISICIAN:	25. WAS CASE REPERHED TO MEDICAL EXAMINER?  1 TYPES 2 NO	HOSPITAL:		OTHER:		6 Other (Specify)		
22	27. MANNER OF DEATH	28a. OATE OF INJURY (Mogth, Day, Year)	20b. TIME	OF 28c. IN	JURY AT DRK?	28d. DESCRIBE HOW IN.	JURY OCCURED	
0	2 Accident Investigation	87 2 (195 28a. PLACE OF INJUR	Y — At home, term, etc	eet, factory, offi	×	Sate C	d Number or Rura	l Route Number,
	3   Suickle 8   Could not be determined   Suickle   Suic							more Avenue
OMPLEIED	(Original Original Origina Origina Origina Origina Origina Origina Origina Origina O	SICIAN: To the best of my know	vledga, death occurred			s to the cause(s) and mann	or an Oralti.	(a) and manner as stated.
IO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	1. Kind w	EATH (ITEM 27) (Type P	Print)	O.C.M	~~~	≥ SEPT	D (Month, Day, Year)
					et, Bal	timore, M	arylan	d 21201
	31. DATE SEPT 9. 1505	A. REGISTRAN'S SIGN	Reveally					

ings my trestop laylead by brown

8-11-08 4011

for a Hest Southwest Assus

Judgens march

Hypotheric Edistry had been Hillertister

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THE WAR IN ELLE

P.M

ENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	s certific	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TI	ifica	be filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or iter
TO THE HO.	TO THE FUI	be filed with	IMPORTAL

BY

COMPLETED

8 2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 PART I, II, 27, PER MEO FILM G-728 10/20/95 t.t FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 13,95 7:30 HOLMES SEPTEMBER PETER 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign lest birthday) MONTHS OAYS HOURE 1 M 2 T F COUNTY OF DEA Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR HOSPITAL BALTIMORE CITY RESIDE 10e. STATE 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION MORE TES 2 NO FUNERAL 10f. ZIP CODE log. CITIZEN OF WHAT COUNTRY? WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or EDENT EVER IN U.S. U.S. ARMED FORCES: If yee, specify Cuben, Mexicen, Puerto Rican, etc.)
t YES 2 NO Specify: 1 Never Merried 2 Merried

15. DECEDENT'S EDUCATION ecity only highest grade comple College (1-4 or 5+) 180. DECEDENT'S USUAL OCCUPATION

3 Widowed 4 Divorced

20e. METHOD OF DISPOSITION t & Burlel 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Na 3 🗆 8 Other (Specify)

or haert fellure. Liet only one cause on each line.

IF YES, GIVE WAR OR DATES

or complications that coused the deeth. Do not enter

reaulting in death) Sequantially list conditions, if any, leading to immediate

IMMEDIATE PAUSE (Final

disease or condition

MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF):

OUF TO (OR AS A CONSEQUENCE OF)-

DUE TO (OR AS A CONSEQUENCE OF):

cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST

**EXAMINER?** 

t X Netural

2 Accident

3 Sulcide

4 Homicide

27. MANNER OF DEATH

XXYES 2 NO

PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY 1 YES 2 NO

284. DESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Interval Between

Onset and Death

SICKLE CELL ANEMIA

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL

26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:

1 Inpatient 2X ER/Outpatient 3 I DOA 4 Nursing Home 8 Residence 8 Other (Specify)

28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY

1 YES 2 NO

28e. PLACE OF INJURY — At home, Ierm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29n CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno MEDICAL EXAMINER: On the Investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner se stated

29c. LICENSE NUMBER

O.C.M.E.

29d. DATE SIGNED (Month, Day, Year) SEPTEMBER 14,1995

LETEO CAUSE OF OEATH (TOM 27) Jype, Print) MM111 Penn Street, Baltimore, Maryland 21201

Investigation

8 Could not be determined

GIBBONS, MD

32, REGISTRAR'S SIGNATURE

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Byron Harryman September 1995 10:00 P M B. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 - F 48 OCTOBER 17 217-52-6226 1946 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 5817 Judge Dobbin Ct. DIRECTOR Elkridge Howard 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Elkridge Howard 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5817 Judge Dobbin Ct. 21227 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES ti. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced white COMPLETED ts. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done ite. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Engineer 12 Aerospace Industry 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 17. FATHER'S NAME (First, Middle, Last) Thomas D. Harryman Elizabeth C. Archer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Judge Judy Dobbin <u>Carmen Harryman</u> Elkridge Md 21227 20s. METHOD OF DISPOSITION
1 Duriel 2 X Cremation 3 Removal from State
4 Donation 5 Office (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 9/18 The Green Mount Cemetery Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home of Elk., Inc. 5695 Main St., Flkridge, Md. 21227 IDD95 Main St., Fikringe, Md.

Interior diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finsi disease or condition MUNONP METASTATIC LYMPHOMA reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AWAILABLE PRIOR TO ASPERGILLUS PNEUMONIA COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER:
4 □ Nursing Home 5 Residence 8 □ Other (Specify) HOSPITAL: 1 TYES 2 NO □ Inpatient 2 □ ER/Outpatient 3 □ DOA 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending t YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — Al homa, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be detarmined COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as steted. 2 MEDICAL EXAMINER. On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 038296 per wo ► SEPT 13, 1995 9 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9501 OLD ANNADELIS

RA



ELLICOTT CITY, MU 21042

ITEM: 24a, PER MEO FILM G-728 10/25/95 t.t

	FOR	
1	STATE	
4	REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.					
	1. DECEDENT'S HAME (First, Middle, Last)				2.	DATE OF DEATH	Y - Y		IE OF DEATH		
	BONNIE	LYNN		ITT		EMBER .			:05 A M		
			lac'	UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)		Country)	(State or Foreign		
	210 71 0002	□ M 2 X F 3				Oct. 12,		Maryl	and		
~	9e. FACILITY NAME (If not institution, give street		9b. CITY, TOWN OR LOCATION OF DEATN				9c. COUNTY OF DEATH				
2	I-695 OUTER LOOF	RAVEN	101	uson		BAL	TIMOF	RE			
Ω	10e. STATE 10b. COUNTY			OWN OR LOCA	TIOH			10d. 1	NSIDE CITY		
뜸	Maryland	Baltimore			Dundalk				YES 2 X HO		
AL.	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZE	N OF WHAT C	OUNTRY?		
FUNERAL DIRECTOR	7829 West Colling	ram Drive A	pt. F		212	22	Uni	ted St	ates		
5		FORCES? 1 YES			CENDENT OF NISPAHIC		or Ho- 14	RACE Arr	nericen Indian, s, atc.		
BY F	1 Hever Merried 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			S 2 X NO Specify:	uerro rincari, acc.,	- 1	Conclin	White		
	15. DECEDENT'S EDUCATI	104	6e. DECEDENT'S US	IIAL OCCUBAT	104	16b. KIND OF BU	EIMEGO (MDI IS		whate		
COMPLETED	(Specify only highest grade corr	npleted)	(Give kind of world life. Do NOT use n	k done during metired.)	ost of working	166. KIND OF BU	oine oo/inboa	Her			
7	Elementary/Secondary (0-12) 0	College (1-4 or 5+)	Waitr	2 & &		Food	Indus	tru			
OM	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAME			000			
O	Leroy Thurston				Betty.	Jean Gill	'um		100		
BE (	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	end Number or Rural Rout	te Number, City or Tow	n, State, Zip Co	ode)	21222		
2	Mr. Olan Edward H.	itt, Jr.	7829	West Co	ollingham i	Drive Ax	ot. F1	Dundal	k, MD		
	20e. METHOD OF DISPOSITION  1 XBuriel 2 Cremation 3 Removal	20b. P	LACE AND DATE OF	DISPOSITION (A	lama of	DATE 20c. LO					
	4 Donation 5 Other (Specify)	0	ak Lawn	Cemete	ry 9/18/1	995 E	Baltim	ore, N	ID		
	21. SIGNATURE DE EUNEBAC SERVICE LICENT	MEE .		DU d	a-Ruck Fun	oral Home	06 D	undalk	Tnc.		
	57ClD	$\angle$		792	2 Wise Ave	• Dundal	k. MD	2122	2		
	23. PART I. Enter the disesses, or com							st,	Approximata		
	ahpck, pr heert feliure. List pniy pne ceuse on each line.  IMMEDIATE CAUSE (Fine)  IMMEDIATE CAUSE (Fine)										
	disease or condition e. MULTIPLE INJURIES										
	DUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions, b. DUE TO OR AS A CONSCIUSION OF										
CERTIFICATION	If sny, lesding to immediate										
5	CAUSE (Disease or Injury  CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):										
Ē	that initiated events resulting in death) LAST										
CEI	d	d									
AL	PART il. Other significent conditions o	contributing to death but	t not resulting in	the underlyi	ng ceuse given in Pa	rt i. 24s. WAS AN PERFO		AMAIL	AUTOPSY FINDINGS ABLE PRIOR TO		
200						1 X YES	- <del>(X)10</del>		PLETION OF CAUSE EATH?		
M					<b>-</b>			1 🗆	YES 2 NO		
Ž.	DID TOBACCO USE CONTRIB		B. PLACE OF DEATH		UNCERTAIN	X		<u> </u>			
PHYSICIAN: MEDICAL		IOSPITAL:	- 0	THER:		* 7	DOAD	T.77 37			
IYS	1 X YES 2 □ NO 1	28e. DATE OF INJURY	tient 3 DOA 4			X Other (Specify)  8d. DESCRIBE HOW	ROAD				
	1 Natural 5 Pending	9 13 95	I AL G	KA A	YES 2 NO	podesti			y car		
BY	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJURY -	- At home, ferm, atro	7		81. LOCATION (Street					
<u>E</u>	3 Suicide 6 Could not be determined	building, atc. (Specif	" High			City or Town, State	I695	at from	robince Rd		
	29e. CERTIFIER	N: To the beat of my knowle	doc docth converd		to and alone, and due to	Data	WAST, P	- 0			
COMPLETED	CONSUM ONLY	On the basis of examination							manner es stated.		
	29b, SIGNATURE AND TITLE OF CERTIFIER	( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1		29c. LICENSE NUMBI			SIGNED (Mont			
BE	TO AAAA	12 (1-1)	ruste		O.C.M.						
2	30. HAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, P	rint)	U.C.M.	u. SEP	+ PLIDE	17.	1995		
	DENNIS J. CHUTI	U			t, Balti	more. M	arvla	nd 2	1201		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		3 02 00							
	SEP1 9 1905	This Devoleant	arla !!								
_	0								DHMH-16 Rev 1/89		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 6 may be retained by the hospital or attending physician.

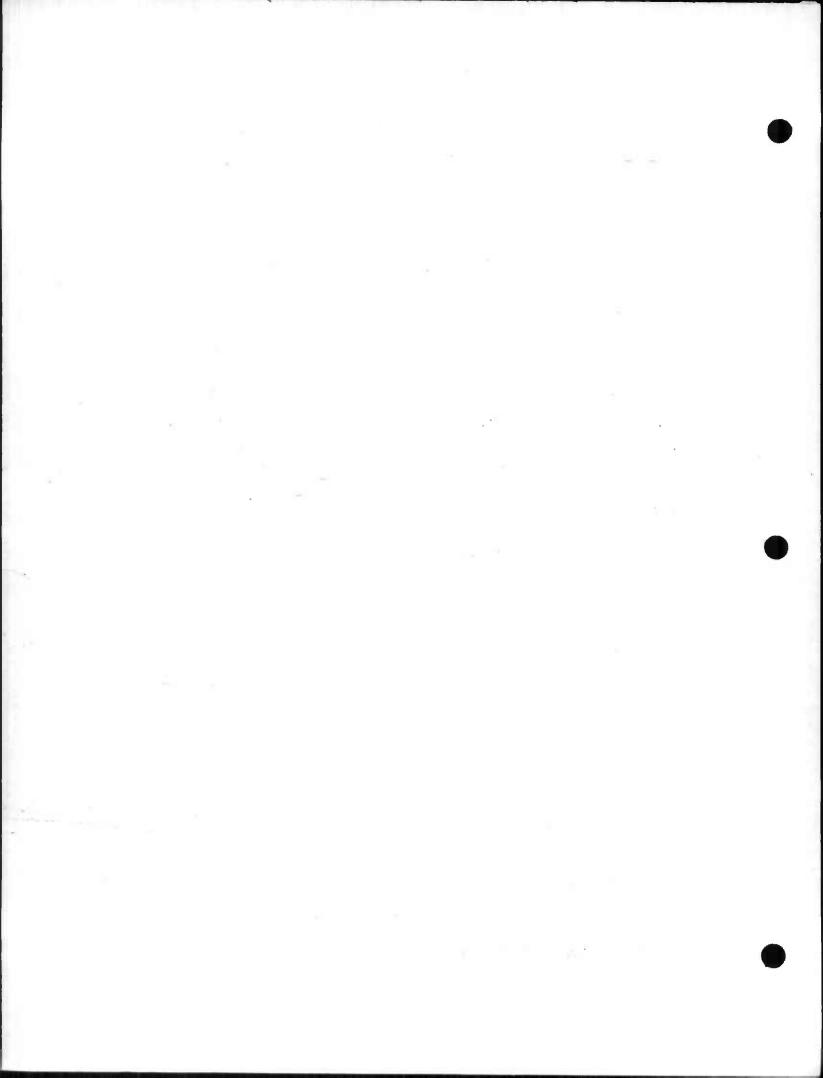
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

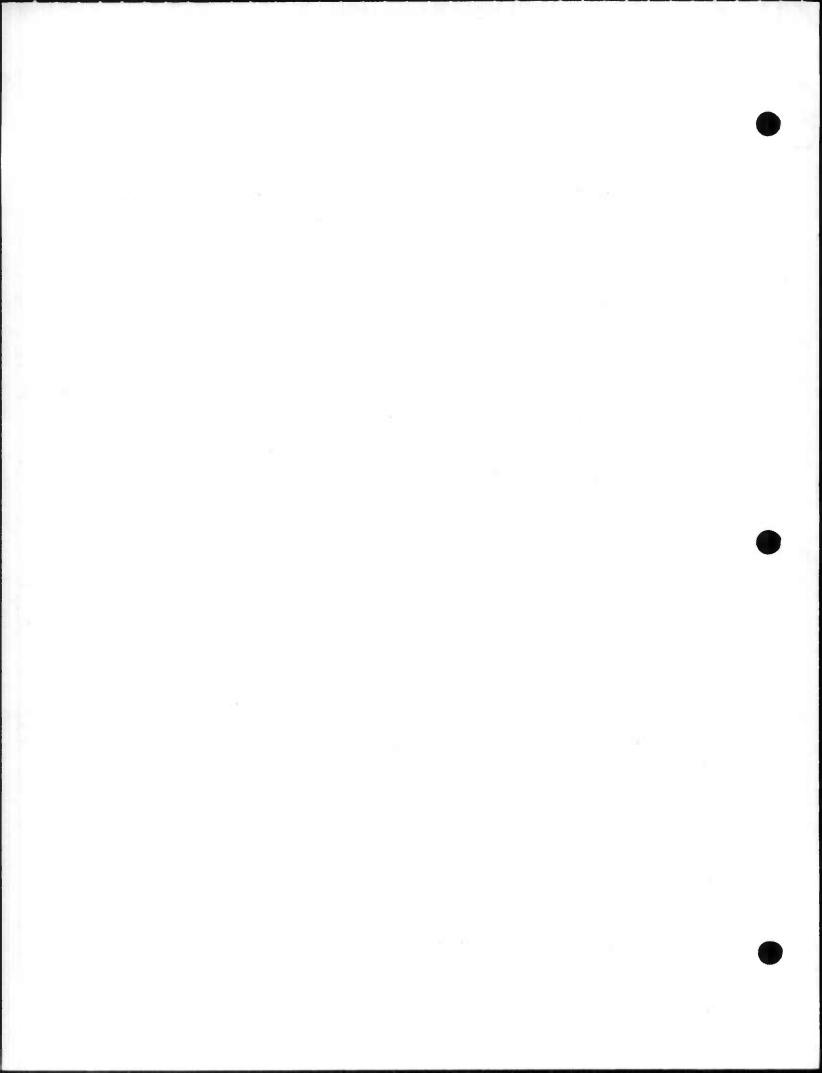
DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



0020	cate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	
1215-	r attendi	
BALTIMORE, MARYLAND 21215-0020	hospital or	
YLA	by the	
MAR	retained	
RE,	тау ре	
ME	Page 6	
ALI	death	
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	hours	
000	within 24	4
BOX 68760	executed	
õ	9	,
m	cate	

		FOR STATE REGISTRAR		STATE OF I	WARYL			MENT OF			TAL HYGIEN	E	L., C	
		1. DECEDENT'S NAME (First,  ATHE  4. SOCIAL SECURITY NUMB  230-09-558	ERIN	1E V 5. SEX 1 \( \text{M 2 \( \text{L} \)F	6. AGE	HEA	irthday)	SF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	4 HRS. 7. DA	TE OF BIRTH	199	BIRTNPLA Country)	TIME OF DEATH  12:41 P  CE (State or Foreign
2, 3 should	POR	90. FACILITY NAME (If not ins NORTH AA	stitution, give s		DSP	OITAL	9b. CITY, TOWN OR LOCATION OF DEATH / 9c.					O Virginia COUNTY OF DEATH		
it. Pages 1,	DIRECTOR	MD	10b. COUNT	Arunde	1		10c. CITY, TOWN OR LOCATION Gambrills							I. INSIDE CITY LIMITS?  YES 2 NO
an. ransit permit.	FUNERAL	100. STREET AND NUMBER 1001 Chris	stmas				101. ZIP CODE 10g. CITIZEN 0 USA						COUNTRY?	
215-0020 attending physician. ise as the burial-transit	BY	11. MARITAL STATUS  1 Never Married 2 2  3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 40	2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Bis					RACE — Black, W Specify:	American Indian, hite, atc. White	
2 g g	PLETED		EDENT'S EDU highest grade -12)		+)	(Give	kind of wo	,	TON lost of working		166. KIND OF BUS			
A be de	I III	17. FATHER'S NAME (First, Middle, Last) Dillard Mayfield Bartley					cilian	CI	16. MOTHE		St, Middle, Malden	Home Surname)		
E, MA / be retain age 5 sho be netfili		19a. INFORMANT'S NAME (Type/Print)  Ronald Head  20a. METNOD OF DISPOSITION					001		tmas	Lane			, MD	21054
ALTIMOR death. Page 6 ma tuneral director, p examiner must		1 G-Burial 2 Cremation 4 Donation 5 Other	Densition 3 Removal from State Donsition 5 Other (Specify)  BIGHATURE OF PUNEDAL SERVICE LICENSEE  Parklawn Cemetery 9/20 Rockville, MD  22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home P.A. 12 Ridgely Ave. Annapolis, MD 21401											
First hours after by filled in by the ation, or removal the medical		23. PART I. Enter the disahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	eart failure.	complications the	t caused se on e	d tha death	h. Do no	12	Ridge	ely Av	e. Ann	logan	is.	MD 21401 Approximata Interval Between Onset and Death
H.O. BOX 6876 th certificate be executed sending physician and com a lithygiene prior to burial, or other traumatic ev.		Sequentially list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or Injurthat Initiated events resulting in death) LAST	diate NG ry	b. DUE TO	(OR AS A	A CONSEQUE	ENCE OF):	:						
ires that the signed by the Health and M	MEDICAL C	PART II. Other algolificar	nt condition	na contributing to	death b	out not res	ulting in	the underlying	ng cause giv	ven in Part I.	24a. WAS AN PERFORI	MED?	COI DF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE OEATH?  YES 2 NO
The law te has bate Dept.	PHYSICIAN:	DID TOBACCO US  25. WAS CASE RE EXAMINER?  1  YES 2		HOSPITAL:		26. PLACE (	OF DEATH	(Check only one	)	RTAIN				
ATTENDING PHYSICIAN: CTOR: After this certificals after death with the Str. 28 is marked, or its	ву РНҮ	27. MANNER OF DEATH  1 Netural 5 F	Pending nvestigation	28e. DATE OF (Month, D	INJURY ey, Year)	2	865. TIME INJUI	RY W	JURY AT ORK? YES 2	28d. (	ther (Specify) DESCRIBE HOW IN	JURY OCCUI	RED	
OR ATTENDI OR ATTENDI DIRECTOR: A hours after de Item 28 is	ETED	4 Homicide d	Could not be letermined	building,	etc. (Spec	cffy)	_	eet, factory, offi		°	OCATION (Street at lify or Town, State)			Number,
HOSPITAL FUNERAL Within 72	COMPL		CAL EXAMINE	CIAN: To the best of R: On the basis of a					death occured			d due to the c	euse(s) and	i manner as stated.
THE OF THE DE FIELD	TO BE	30. NAME AND ADDRESS OF	Brug PERSON WAN	O COMPLETED CAUS	SE OF DE	ATN (ITEM 2	7) (Type, P	riot)	Do	28640		<b>▶</b> 6	1/16/	95
		31. DATE FILED (Month, Day, N		32. REGISTRA	521		KW 1	my 2	1124					
	السسا		tal /	TANK WARREN	X 100.20	THE LL								



SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the	THE FUNERAL DIRECTOR: After this certificate has been signed by the	be filed within 72 hours after death with the State Dept. of Health and M	IMPORTANT: It item 28 is marked, or item 23 shows any inji

	1 - STATE REGISTRAR				F HEALTH OF DEAT		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEA			,	MEAR	3. TIME OF DEATH
		wett					Sept. 15	, 1		11:05 A M
	198-03-8691	8. SEX 8. AGE (In yrs. lest to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MONTHS DA	AR IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) May 10,19	1 6	Country	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give street	- A 00	THO.	9b. CITY, TOWN OR LOCATION OF DEATH					Mar	yland
E	Riverview Nursi			Esse		, OI DE			timo	
DIRECTOR	RESIDENCE OF DECEDENT									
III	Maryland Balt:	imore	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?		
	100. STREET AND NUMBER	Imore	Essex				10g. CITIZEN OF WHAT CO			1 YES 2 NO
ERA	503 Riverside D	rive			212			U.S.A.		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR						IIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
BY F	1 Never Merried 2 Merried 3 XWidowed 4 Divorced	FORCES? 1 YES 2 NO	,		YES 2X NO		n, Puerta Ricen, etc.)			White
	15. DECEDENT'S EDUCA	TION 16a. DEC	EDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESS/IN		
ETE	(Specify only highest grade co	mpleted) (Give iile. E	kind of w Oo NOT us	ork done durir e retired.)	ng most of working	g				
COMPLETED	5	Н	ous	ewife			Own H	Iome	)	
00	17. FATNER'S NAME (First, Middle, Last)						ME (First, Middle, Melden S	Surneme)		
BE	Thomas Raile  190. (NFORMANT'S NAME (Type/Print)	17.00	****	4000F00 (O			a Pierce	0	h A-4-1	
2	Louise Staeheli						Route Number, City or Town Baltimore			221
	20e METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remove	20b. PLACE AN	ID DATE O	F DISPOSITIO	N (Name of	**	DATE 20c. LOC	CATION -	- City or Tov	vn, State
	1.X Burlel 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	al from State HOTLY	HiT	I Mem	.Garde	en 9	/18/1995	Bal	Ltimo	ore, MD.
	21. SIGNATURE OF FUNERIAL MERVICE LICEN	ISEE		Bru	ME AND ADDRES	SKI	Funeral	Hon	ne P.	Α.
	Man B	She she					tern Ave.			
	23. PARTA. Enter the diseases, or conshock, or heart failure. Lis	milicetione that saused the dea st only one cause on each line.	th. Do n	ot enter the	mode of dyl	ng, suc	h aa cerdlec or reaple	ratory e	rreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition carried to the condition carried to the carried to t									
	resulting in deeth) s.				ATRICO	2-20				1 44
_	OUE TO (OR AS A CONSEQUENCE OF):  OLD CV A									1 year
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOU	JENCE OF	7):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Demente	y + y						y+ ys	
TIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOU	JENDE OF	7:	). Molh	Lu-	/			LT ma
CERTIFICATION	d.	1740a	1 rus	ma, c	. 1/80	1				13/9
CAL	PART il. Other significant conditions	contributing to deeth but not re	sulting i	n the unde	rlying cause g	lven in	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
							1 🗆 YES 2	Xho		OF DEATH?
ME	DID TOPACCO HISE CONTRI	DUTE TO CAUSE OF DEAT	LL VE	s D No	ST HNC	ERTAII				1 TYES 2 NO
AN	DID TOBACCO USE CONTRI			N (Check only		EKIAII	N L			
SIC		HOSPITAL:	DOA	OTHER:	Nome 5 🗆 Re	eldence	8 ☐ Other (Specify)			
PHYSICIAN: MED	27. MANNER OF DEATN	28e. OATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28	c. INJURY AT WORK?		28d. OESCRIBE NOW II	NJURY O	CCUREO	
ВУ	1 Natural 5 Pending 2 Accident Investigation					NO				
2	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At horr building, atc. (Specify)	ne, term, s	street, factory	, office		281. LOCATION (Street e City or Town, State)	ind Numbi	er or Rural R	oute Number,
LET	29e. CERTIFIER		7	507 55		200		-	0.0	
COMPLET	and and	AN: To the best of my knowledge, dear.  On the best of examination end/or in								end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					ENSE NUI				(Month, Day, Year)
BE		(12)			D	14	221	•	9.	1895
5	30. NAME AND ADDRESS OF PERSON WHO		27) (Туре,	Print)	0				-	
	7. A. 17602		1.	15/W	BOLT	MI	0 2/22/			
31. DATE FILED (MONTH, DBY, YOAR)  32. REGISTRAR'S SIGNATURE  SEP 1 9 1995  Jaly Davidson Confell										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)					REG. NO				
M 71:	ath Tagled				2. DATE OF DEATH DO Septembe	AY 15	3. TIME	5:40pm	
Mary Elizabe			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (		
219-34-5433	1  M 2CXF	59 YRS. M	ONTHS DAYS	HOURS MIN.	July *14',	1936	North	Caroli	
Sinai Hospita			9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore City  9c. COUNTY OF DEATH  N/A						
RESIDENCE OF DECEDENT	v	10c. CITY.	TOWN OR LOCAT	TION			10d. IN	SIDE CITY	
Md. N/A			Ba	altimore	e City	T arm	LIMITS?  1X YES 2 NO  TEN OF WHAT COUNTRY?		
3307 Elgin Av				212			USA		
11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	ER IN U.S. ARMED ES 2 NO R DATES	If yes, spi	CENDENT OF HISPAN secify Cubsn, Maxicar 22 NO Specify		s or No—	14. RACE — Ame Black, White, Specify: B	lack		
15. OECEDENT'S EDU (Specily only highest grade Elementary/Secondery (0-12)		file. Do NOT use	ork done during mo retired.)		16b, KIND OF BU			[I	
12th	Coo								
17. FATHER'S NAME (First, Middle, Last)  Earl Stanback				18. MOTHER'S NAME (First, Middle, Melden Surname)  Keydessie Niceley					
19a, INFORMANT'S NAME (Type/Print)		19b, MAILING A	DORESS (Street )		loute Number, City or Tox				
Sharon D. Jac	kson				Baltimo			nd 2121	
20a. METHOD OF DISPOSITION  Method 2 Cremation 3 Rem 4 Donetion 6 Other (Specify)		20b. PLACE AND DATE OF competery, crematory or othe Western	F OISPOSITION (Na	ame of		CATION —	City or Town, Stat	10	
21. SIGNATURE OF FUNERAL SERVICE LI		1100000		ND ADDRESS OF FAC	-			ervice	
1 Deal	3. (4	el	5502	Winner	Ave. Ba				
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	8	tive Hear		lure				Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	MYODATHY AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):		•					
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE OF):							
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other algnificant condition	c. DUE TO (OR /	AS A CONSEQUENCE OF:	: the underlyIn		PERFO	RMED7	AMAILAI COMPL OF DEA	ES 2 NO	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST  PART II. Other algnificant condition  DID TOBACCO USE CONT	c. DUE TO (OR /	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  th but not resulting in	the underlying	<b>¾</b> UNCERTAIN	PERFO	RMED7	AMAILAI COMPL OF DEA	BLE PRIOR TO ETION OF CAUSE ATH?	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other algnificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. DUE TO (OR d. d. TRIBUTE TO CAUSE HOSPITAL:	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  th but not resulting in  E OF DEATH YES  26. PLACE OF DEATH	the underlying NO & NO & NO THER:	<b>▼</b> UNCERTAIN	PERFO	RMED7	AMAILAI COMPL OF DEA	BLE PRIOR TO LETION OF CAUSE ATH? 'ES 2 NO	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other algnificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES YOUNG NOT THE TOP OF THE TOP	c. DUE TO (OR d. d. TRIBUTE TO CAUSE	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  th but not resulting in  E OF DEATH YES  26. PLACE OF DEATH Outpatient 3 □ DOA	the underlying the thickness of thickness of the thickness of the thickness of the thickness of thickness of the thickness of the thickness of the thickness of thickness of the	THE 5 Residence JURY AT ORK?	PERFO	RMED7	AVAILAI COMPL OF DEA 1 Y	BLE PRIOR TO LETION OF CAUSE ATH? 'ES 2 NO	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF CEATH	DUE TO (OR /  C.  DUE TO (OR /  d.  TRIBUTE TO CAUSE  HOSPITAL:  1X Inpatient 2 = ER/  280. DATE OF INJU  (Month, Day, Ye  280. PLACE OF INJU	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  th but not resulting in  E OF DEATH YES  26. PLACE OF DEATH Outpatient 3 □ DOA  PRY  29b. Time INJU  JURY — At home, farm, at	The underlyIndex only one of the state of th	THE S Residence	PERFO 1 YES	INJURY OC	AWAILAI COMPLION OF DEA	BLE PRIOR TO ETION OF CAUSE TATH?  SES 2 NO A	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other algnificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR /  C.  DUE TO (OR /  d.  IN DUE TO (OR /  DUE T	AS A CONSEQUENCE OF:   the underlying the un	THE 5 Residence JURY AT ORK? YES 2 NO ce	PERFO  1 YES  5 Other (Specify)  2ed. DESCRIBE HOW  2ef. LOCATION (Street City or Yown, State to the cause(s) and m	INJURY OC	AMAILAI COMPLE OF PER 1 Y N N N N N N N N N N N N N N N N N N	BLE PRIOR TO LETTON OF CAUBE TATH?  VES 2 \( \text{NO} \) NO J/A		
If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other algnificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF OEATH  12 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR A  C.  DUE TO (OR A  d.  TRIBUTE TO CAUSE  HOSPITAL: 1X inpatient 2 = EN  200. DATE OF INJU  (Month, Day, 16)  260. PLACE OF INJU  building, etc. (SICIAN: To the best of my building)	AS A CONSEQUENCE OF:   the underlying the un	THE 5 Residence JURY AT ORK? YES 2 NO ce	PERFO  1 YES  6 Other (Specify)  2ed. DESCRIBE HOW  2ef. LOCATION (Street City or Yown, State  to the cause(s) end mutime, date end place, a water water and place, a water and place and and	INJURY OC: and Number enner es attri 29d. DAT	AMAILAI COMPIL OF DEA	BLE PRIOR TO LETION OF CAUSE TATH?  LES 2 NO J/A		

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 si	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARY!		NT OF HEALTH AND I	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leet)	L,	JONES	, 5R	2. DATE O	PEMPEC 15	3. TIME OF	BEATN M	
	4. SOCIAL SECURITY NUMBER 219-32-9068	5. SEX 6. AGE	In yrs. lest birthday) IF UNI  YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYB HOURS MIN.	7. DATE DO	F BIRTH 0 8. 29, 1939	BIRTHPLACE (Stein Country)	or Foreign	
LOR	Da. FACILITY NAME (Il not institution, give si	coet and number)	9b. C	3al 4 mare				V OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY	NA	10c. CITY, TOW Bal	NOR LOCATION Fimore			10d, INSIDE LIMITS		
FUNERAL	100. STREET AND NUMBER 2902 Gran	tley		101. ZIP CODE 2/2/5		10g. CITIZE	10g. CITIZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS PECEDENT EVER FORCES? 1 YES	3 2 NO	13. WAS DECENDENT OF NISPAI If yes, specify Cuban, Maxics 1 YES 2 NO Specif	an, Puarto Ri		I. RACE — America Block, White, etc. Specify Blace	6	
B	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a, DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. I	ind of Business/Indus	evenue.	Service	
COMPLET	17. FATHER'S NAME (First, Middle Last)	NA	Supervis	18. MOTHER'S NA	ME (First, Mi	Iddle Maiden Surname)			
TO BE	19a, INFORMANT'S NAME (Type/Print)	Tools	19b. MAILING ADDR	ESS (Street and Number or Rural	1	Ceonard  or, City or Town, State, Zip Co	ode)	16	
	20a, METNOD OF DISPOSITION  1 Description   Description   Description   Description   Other (Specify)		CEAND DATE OF OIS	Darien Con Position (Name) of	APATE 21	200 LOCATION - CH	ty or Town, State	41	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Elmi	and I	NAME AND ADDRESS OF FA	f. W.	est de	1 No 4 d	2/2/1	
		List only one cause on	eech lina.			ac or reapiratory arres	inter	roximate vai Batween at and Death	
	disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):								
TION	Sequentially list conditions, If any, leeding to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	CAUSE (Disease Dr Injury that initiated events Due to (OR AS A CONSEQUENCE OF):							
AL CEI	PART II. Other aignificant condition	- 111	but not reaulting in the	undarlying cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTO		
MEDIC	Dianetes 1	nellitus		+ 1		1   YES 2   NO	OF DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Chi	eck only one)					
	1 VES 2 NAO  27. MANNER OF DEATN  1 Neturel 5 Pending	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	Y 28b. TIME OF	Nursing Home 6 Residence 26c. INJURY AT WORK? 1 YES 2 NO		(Specify) CRIBE HOW INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	26a. PLACE OF INJUI building, etc. (Sc	RY — At home, term, street, pecify)			TION (Street and Number of ir Town, State)	Rural Route Numbe	N,	
COMPLETED	one)			he time, data and place, and du				or as stated.	
B	296. SIGNATURE AND TITLE OF CERTIFIED 200. LICENSE NUMBER 20d. DATE SIGNED (Month, Day, Year) 15, 1895								
2	30. NAME AND ADDRESS OF PERSON WA	to completed cause of i	DEATH (ITEM 27) (Typo, Print)  22 Sox	ulh Greene	2 54.	Poltimo	re MA	2/20	
	SEP1 91995	32. REGISTRAR'S SIG						NMN-16 Ray 1/89	

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital on the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1	ith:	4.	PER	r.H.	LIFI	6-727	9/20/95	t.t	

	1 - FOR STATE OF STATE OF		EPARTMENT OF H		ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) FLORENCE VIRGINIA	JENK:	INS	s s	DATE OF DEATH	17, 1999	3. TIME OF DEATH 8:00 P. M		
	4. SOCIAL SECURITY 212-74-1534 5. SEX 4217-01-5635 1 1 M 2 X 1	6. AGE (In yrs. last bir	Thday) IF UNDER 1 YEAR YRS, MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 07-10-190	Cour	THPLACE (State or Foreign ntry) NSYLVANIA		
OR	9a. FACILITY NAME (If not institution, give street and number) FAIRFIELD NURSING HOME			NSVILLE	H	ANNE A	DEATH ARUNDEL		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	11	Oc. CITY, TOWN OR LOCAT	TION			10d, INSIDE CITY LIMITS?		
	MARYLAND ANNE ARUN  100. STREET AND NUMBER	DEL	GLEN BU	IRNIE . ZIP CODE		10g. CITIZEN OF	1 Tes 2 Tho		
FUNERAL	115 FIRST AVENUE, S.W.	115 FIRST AVENUE, S.W.				U.S.A			
B	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ARMET 1 YES 2 NO E WAR OR DATES	If yes, sp	ENDENT OF HISPANIC ecify Cubars, Maxican, 2 NO Specify:	ORIGIN? (Specify Yea Puerto Rican, etc.)	Ble	CE — American Indian, etk, White, atc. ecity: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give I	DENT'S USUAL OCCUPATION  kind of work done during more  NOT use retired.)	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY			
PLE	Elementary/Secondary (0-12) College (1-4 or N/A	5+)	MEMAKER		OWN	HOME			
CON	17. FATHER'S NAME (First, Middle, Last)			The same is a second	E (First, Middle, Meiden S				
B	NATHAN W.  19a, INFORMANT'S NAME (Type/Print)	AIMS	IAILING ADDRESS (Street a	FLORENCE		DENG	LER		
2	FLORENCE V. H. RUMENAP		FIRST AVE				. 21061		
	20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Ramoval from State  4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  CEDAR HILL CEMETERY  20c. LOCATION — City or Town, State  CEDAR HILL CEMETERY								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	uk			RYLAND 21		AL HOME,		
	23. PART I. Enter the diseases or complication shock, or heert failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)		Do not antar tha mo				Approximate Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evants resulting in death) LAST  b. OUE TO OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.								
PHYSICIAN: MEDICAL (	PART II. Other significent conditions contributing	to death but not read	uiting in the underlyin	g ceuse given in Pr	art I, 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
N.	DID TOBACCO USE CONTRIBUTE TO			UNCERTAIN					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1 Inpetient		OF DEATH (Check only one) OTHER:	ne 6 🗆 Rasidenca 6	Cohen (Conside)				
ЭНХ	27, MANNER OF OEATH 28a, DATE		26b. TIME OF 28c. IN		28d. DESCRIBE HOW II	NJURY OCCUREO			
ВУ	1 Nstural 5 Pending 2 Accident Investigation		M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be 28s. PLAC build	E OF INJURY — At home ng, atc. (Specify)	, ferm, streat, fectory, offic		261. LOCATION (Street a City or Town, State)	ind Number or Run	al Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFFING PHYSICIAN: To the be-						e(a) and manner as stated.		
BE	29b. SHAMATURE AND TITLE OF SERVIFIER	De. M	WID	290 LICENSE NUMB	2528	29d. DATE SION	18/95		
5	30, NAME AND ADDRESS OF PERSON WINDOWS LIFE	AUSE OF OEATH (ITEM 2	Tripo Fring 111Ci	ons au	Up. BA	40.76	M. 21223		
	31, DATE FILED (Month, Day, Year)	TRAN'S SIGNATURE				9			

DHMH-16 Rev 1/89

		4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last)	SON SR.  Dirthdey)   F UNDER 1 YEAR   F UNDER 24 HRS.  MONTHS   DAYS   HOURS   MMN.	(Month, Day Year) Co	3. TIME OF DEATH  4:58 M  RTHPLACE (State or Foreign unity)						
3 should	_	217-24-8370   1 🔀 M 2 🗆 F   65	96. CITY, TOWN OR LOCATION OF D	EATH 9c, COUNTY O	Kentucky						
1, 2, 3	P. P.	Harbor Hospital Center	Baltimore	NA NA							
permit. Pages	L DIRECTOR	Maryland Anne Arundel		lyn Park)	10d. INSIDE CITY LIMITS? 1  YES 2 NO						
15rt	FUNERAL	5622 Ballman Avenue	101. ZIP CODE 21225	USA	F WHAT COUNTRY?						
21215-0020 If or attending physician. For use as the burial-transit	В	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARR FORCES? 11 YES 2 N IF YES, GIVE WAR OR DATE A YMY KOrea		an, Puerto Rican, etc.)	ACE — American Indian, lack, Whita, atc. pocify: White						
21 20 m	PLETED	(Specify only highest grade completed) (Gh	EDENT'S USUAL OCCUPATION To kind of work done during most of working Do NOT use retired.) Ted Operator	Allied Chemica							
/LA	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Perry (NMN) Johnson		AME (First, Middle, Meiden Surname)							
	TO B	Mrs. Wilma Parsons 2	MAILING AODRESS (Street and Number or Rural 208 228th Street,	Pasadena, Md. 21	122						
AOR e 6 ma rector, p		V Burisi 2 Cremetion 3 Removal from State  4 Donation 6 Other (Specify) Cedar	nd DATE OF DISPOSITION (Name of natory or other place) Hill Cemetery 9/18								
- 27		Kevin E. Ec	McCully Funer 237 E. Pataps	ral Home of Brookl sco Ave., Balto.,	yn Md. 21225						
ted within 24 hours after completely filled in by the lai, cremation, or removal event, the medical		23. PART I. Enter the diseases, or complications that caused the desahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Put To (OR A A CONSEO	1	th as cardiec or respiratory arrest,	Approximata Interval Between Onset and Daeth 5 0A/S						
. BOX 68 ficate be execu physician and rie prior to bur her traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
S, P. death of attend entral Hy or uny, or		resulting in death) LAST									
CORE sines that the signed by Health and ws any in	MEDICAL	PART II. Other algnificant conditions contributing to death but not re	sulting in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
CC 5 8 6 2		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEAT		N 🗆	1 TYES 2 NO						
F VITAL SICIAN: The lan certificate has the State Dep the State Dep to or Item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Inpatient 2   ER/Outpetient 3	OTHER:  DOA 4 Nursing Homa 5 Residence	E Other (Specific)							
O 본 함 후	ву Рну	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Dey. Year) 2 Accident Investigation	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED							
TSIC TTENDI TTOR: A after d 28 is	ETED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At horr building, atc. (Specify)	e, farm, street, factory, offica	261. LOCATION (Street and Number or Run City or Town, State)	al Route Number,						
₹ 4 K =	COMPL	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or in			e(s) and manner as stated.						
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  AND NAME AND ADDRESS OF DESCRIPTION OF THE PROPERTY OF	29c, LICENSE NUM D 24	MBER 29d. DATE SIGN	ED (Month, Day, Year)						
JX,		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM  CHUNG CHUNG THE 32. BEGISTRAR'S SIGNATURE	20 ( S. 1 + AMO	ren ST. Ballis	mi Morles						
		CED1 91995 Mi Striber Park	1								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SEPT.12,1995 Chaistopher KENT 20:37 P M MICHAEL 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 214-54-7036 1 XM 2 - F July 19, 1950 MD 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1200 BLK. WHITELOCKE ST. BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 10a. STATE 1 YES 2 NO Md NA BAITIMORE 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10s. STREET AND NUMBER Street mcCulloh AZN 2574 5151 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14, RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried ☐ Married Black 3 Widowed 4 Divorced BY Specify: COMPLETED 15. DECEDENT'S EDUCATION 18. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) (1-4 or 5+) LASP OIGMS UIL A 10th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle dward 12A BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu 2 -ham 21217 reat 20c LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE etary, crematory or chair place) 9-18-95 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY 51512 up el A AREN 4 300 a bo 23. PART Lenter the elaceses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final bunds of Right Axilla and Neck disease or condition resulting in death) inshot DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO IS UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one HOSPITAL OTHER: YES 2 NO Inpatient 2 - ER/Outpetient 3 -DOA 4 Nursing Home 5 Residence XX ther (Specify) ON STREET 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 1 Natural 5 Pending 9-12-95 2020 1 YES BY 2 Accident 200 Blk Mc Gulloh St 28e. PLACE OF tNJURY - At h building, etc. (Specify) 3 Sulcide COMPLETED 6 Could not be 4 Homicide determined 2 MEDICAL EXAMINER: On the on, death occured at the time, data and p due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

111 Penn Street, Baltimore, Maryland 21201

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	Kenneth Christopher		3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER  214-86-9260  5. SEX  8. AGE (  1	in yrs. last b	YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 01-23-196	0	HETHPLACE (State or Foreign Country) ARYLAND		
OR	North Arundel Hospital  North Arundel Hospital	96. CITY, TOWN OR LOCATION GLEN BURN				ATH 1	E ARUNDEL			
DIRECTOR	100. STATE 100. COUNTY MARYLAND ANNE ARUNDEL	10c. CITY, TOWN OR LOCATION GLEN BURNIE					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10e. STREET AND NUMBER 7845 LEYMAR ROAD	10f. ZIP CODE 21060				of what country?				
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO If yee, specify Cuben,			pecify Cuben, Mexico	n, Puerto Rican, atc.)	RACE — American Indien, Black, White, etc. Specify: WHITE			
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give	EDENT'S USU	done during n	ION lost of working	18b, KIND OF BU	SINESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12)		ESSIC		RIVER	MEDICA	AL SUPP	LY COMPANY		
BE CON	17. FATHER'S NAME (First, Middle, Last) GILBERT LEO KONIG				18. MOTHER'S NA	ME (First, Middle, Malden CE		LETT		
TO B	19a. INFORMANT'S NAME (Type/Print) KAREN M. KONIG					CON BURNIE,	MARYLA	ND 21060		
	1 V Buriel 2 Cremation 3 Removal from State	netery cremi	DOATE OF DI Story or other p	lacel		9/20/95 L	CATION — City EN BURN	or Town, State		
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUL 1 SECOND AVENUE, S.W.									
72	23. PART / Enter the disesses, or complications that cause	d the deat	th. Do not e			MARYLAND 2		Approximate		
	immediate Dause (Figure List only one cause on a immediate Dause (Figure List only one cause on a immediate Dause or condition resulting in death)	nic 1	atwa	( sc	erofis			Interval Between Onset and Death 2 1/2 Y VS		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
EDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMAI  OF DO OF D									
Σ	DID TORACCO LICE CONTRIBUTE TO CALICE	OF DEAT	U VEC		VI HAICEDTAII			1 TYES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE C 25. WAS CASE REFERRED TO MEDICAL		OF DEATH (			<u>ч</u> Ц				
SIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Out	patient 3		HER: Nursing Ho	ome 5 🗆 Residence	6 Cher (Specify)				
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		28b. TIME OF 28c. INJURY AT WORK?  M 1  YES 2 NO			28d. DESCRIBE HOW	28d. DESCRIBE HOW INJURY OCCURED			
						281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.  2 MEDICAL EXAMINER: On the best of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated.									
BE CO	29b. SIGNATURE AND TITLE OF CEPTIFIER		end/or investigation, in my opinion, death occured at the total section of the control of the co			MBER	GNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D						7	1111		
	SJOERD BECK, M.D., 1600 CRAI			S.W.	, SUITE 6	05, GLEN I	BURNIE,	MD. 21061		
	31. DATE FILED (Month, Day, Year) SEP1 91995  Julia dividuo	NATURE - RANG	R							

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DIVISION OF VITAL BECORDS

SEP1 91995

	_1	FOR STATE REGISTRAR	STATE OF MARYL						GIENE G. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH 3. TIME OF DEATH				
		/ MARIE I	KELLY MARIE	Ξ		KELL	Y	MONTH (	16	YEAR 95	12:08 A	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	SEX   6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   F U	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,			HPLACE (State or Foreign			
8	H	243-32-3309 9e. FACILITY NAME (If not institution, give :		80	YRS.		HOURS MIN.	7/15/	15	Nor	th Carolin	
CTOR	- 8	Maryland General			1		altimore	EATH	90.	N/A	DEATH	
REG		RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y		I too CITY TOW	M OR I OCA	TION					
		Maryland	NT / N		100. 0111, 1011		0.009				10d. INSIDE CITY LIMITS?	
	- 10-	10e. STREET AND NUMBER	IV/A				H. ZIP CODE		100	CITIZEN OF	1 YES 2 □ NO WHAT COUNTRY?	
FUNERAL		915 Allendale St	reet				21229			USA		
FUNER		11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. AI	RMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Spe	city Yes or No	- 14. BAC	E — American Indian,	
8	- 13	1 Never Married 2 Merried 3 Wildowed 4 Divorced			NO		pecify Cuben, Mexica S 2 NO Specif		etc.)	Spec	ck, White, atc.	
60		15. DECEDENT'S EDU		10 (0)						Bla	ack	
		(Specify only highest grade	completed)	(0	live kind of work do	ne during me	ON ost of working	16b. KIND	OF BUSINES	S/INDUSTRY		
1		Elementery/Secondary (0-12)				•						
OMPLET		17. FATHER'S NAME (First, Middle, Last)		INLL	se s As	SISU		ME (First, Middle,	pital Mekken Surne	mel		
11 B		Toby	Drumwright				NI-CONTROL	Hallie	Fa	ulkner		
TO BE		19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADDR	ESS (Street						
De no		Lenore Riley		9	21 Wynn	ewood	Rd. Phi	la., PA	1915	1		
must b		20a. METHOD OF DISPOSITION 1 XBurlel 2 Coronation 3 Rem					ame of	DATE 2	Roc. LOCATIO	N — City or T	own, State	
		4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	B		's Ceme	terv		9/22	Woods	dale,	NC	
examiner	1	21. SIGNALLINE OF FUNEHAL SERVICE LIN	D D	/		22. NAME A	ND ADDRESS OF FA	CILITY E 2 1 1	Edmo		21229	
rei		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  David J. Weber 5311 Edmondson Ave. Bal:  David J. Weber 5311 Edmondson Funeral Home  23. PART I. Enter the diseases for complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approxim										
or removal		23. PART I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, ahock, or heart failure. List only one cause on each line.										
		IMMEDIATE CAUSE (Final disease or condition	SEPTIC		<b>SHOCK</b>						Onset and Deat	
event, the		resulting in death)	0.			DAYS						
6		DATE IMPARIA										
CATION												
SA La		cause. Enter UNDERLYING CAUSE (Disease or Injury	C.									
RTIFIC		that initiated events	DUE TO (OR AS A	CONSE	OUENCE OF):							
2 E	resulting in death) LAST d											
y Injury.	- 19	PART II. Other algolficant condition	na contributing to deeth b	ut not	reaulting in the	underfyln	g cause given in		WAS AN AUTO	PSY 24	b. WERE AUTOPSY FINDINGS	
- 45								PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
shows any											OF DEATH?	
m 23 shows any	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO 🙀 UNCERTAIN ☐											
SICIAN:	1 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA								
HYS		1 YES 2 X NO		atlent 3	DOA 4 IN	lursing Hon						
5 C		1 🕮 Natural 5 🗌 Pending				WC	ORK?	28d. DESCRIBE	HOW INJURY	OCCURED		
		2 Accident Investigation 3 Suicide B Could not be	28e. PLACE OF INJURY	— At he	me farm street t			28f LOCATION	Street and Mu	mber or Ormi	South Museline	
28 Is TED		4 Homicide 8 Could not be	building, atc. (Spec	ify)	,,	actory, one		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	2	9a. CERTIFIER 1. CERTIFYING PHYSI	CIAN: To the heat of my knowl	adaa da	with a command at the							
= 5											a) and manner as stated	
NE CO	2	9b. SIGNATURE AND TITLE OF CERTIFIES					29c, LICENSE NUI					
D BE COL		S& Thav					21 000000		290.		(Month, Day, Year)	
2	3	0. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE				89222				, , ,	
	L	STELLA THALF	HAMER, M.D.	C/	o MARY	LANI	GENERA	AL HOS	PITAL	ı		
_	3	1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE									

Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filled within 22 hours after death with the State Dent of Health and Mental Hydinea nor in hurist command on a manual	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other theumatic event, the medical examiner must be notified at once.
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A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within 72 hours after death with the State Dent of Health and Mental House and not no hural promotion on encountry	-
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 CARROLL LAWRENCE KELLY September 13 6:04 pm 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day Year Jan 21 8. BIRTHPLACE (State or Foreign 217-38-1875 1 X M 2 🗌 I 54 1941 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2521 Wycliffe Road DIRECTOR Parkville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Parkville 1 - YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2521 Wycliffe Road 21234 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1  $\boxed{\times}$  YES 2  $\boxed{\times}$  NO IF YES, GIVE WAR OR DATES 3/27/61-3/18/6313. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5 +) COMPL Millwright Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Kelly Raymond Alma Fales BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Carol Ann Kelly 2521 Wycliffe Road Baltimore, Maryland 21234 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, Stata 1 X Buriel 2 Cremation 3 4 Donation 5 Other (Specify) Parkwood Cemetery 9/16/95 Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MILTON J Knight Jr 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 21214 23. PART I. Enter the diseasea, or complications that sused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest. Approximata shock, or heart failure. List only one can Interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition letastatic adenocaremona to the liver, bones resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury **OUE TO (OR AS A CONSEQUENCE OF):** that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES ☐ NO ☐ UNCERTAIN ◀ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 Residence 6 □ Other (Specify) 1 YES ZE NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO ВУ Accident Investigation 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D 16587 15 9

5601 Loch Raven Blvd. Baltimore, Maryland 32. REGISTRAR'S SIGNATURE

Dr. Paul Chang, M.D.

31. DATE_FILED (Month, Day, Year)

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BALLIMORE, MARYLAND 21215-002	Page 6 may be retained by the hospital or attending other
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S	hospital
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MAH	retained
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ALI	death,
2	after
	hours
	within 24 hours after death, P
2	.2

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should moval.	ical examiner must be notified at once.	TO DE CONTRA VA CASTA IGNOCA DE CT
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
 1. DECEDENT'S NAME (First, Middle, Last)  Joan Marlene Kel	leh Kelch	2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DATE  3. TIME OF DEATH MONTH DATE  3. TIME OF DEATH												
	Joan Marlene Kelch												200 N H
	4. SOCIAL SECURITY NUME	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Foreign	
	217-34-6891 90. FACILITY NAME (N not in	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DAYE OF BIRTH (North, Day, Year) 12-17-193			ryland			
<u>۳</u>					stea		EATH	1	JNTY OF DEATH				
5	4266 Maple						nanip	o uea	u		Ua	rrol	L
2	10e. STATE 10b. COUNTY					Y, TOWN (							10d. INSIDE CITY LIMITS?
	Maryland Carroll					lamp		d . ZIP CODE			1 TES 2 KNO		
FUNERAL DIRECTOR	4266 Maple Grove Rd.					200 0					10g. CITIZEN OF WHAT COUNTRY?		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR					13.	WAS DEC	210	F HISPAN	UNIC ORIGIN? (Specify Yee or No.— 14. RACI			- American Indian
BY	1 Never Married 27	Merried	IF YES, GIVE W	YES 2 J	NO.			2A NO		n, Puerto Rican, etc.)		Speci	White
	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATH	ON set of working	-	16b. KIND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 5	Ho.	Do NOT us	e retired.)		of or works	9	Vamo	malro		
OM	17. FATHER'S NAME (First, M	iddle, Lest)			110 000	MTT.	,	18 MOTE	IEB'S MAI	Homei ME (First, Middle, Meiden		r	
	Albert		11							et Evelyn		1	
) BE	19a. INFORMANT'S NAME (7	ype/Print)		19	b. MAILING	ADDRESS	S (Street e			Poute Number, City or Town			
임	Eugene Kelo			14	266 N	aple	Gr	ove F	Rd. I	Hampstead.	Md.	210	7).
	20a, METHOD OF DISPOSIT	ION on 3 - Remo	ovel from State	20b. PLACE	AND DATE O	Per place	SITION (No	me of		DATE 20c. LO	CATION -	City or To	wn, State
	4 Donation 5 Other		CHOPP	Trini	ty U.	C.C.	Cer			20,1995 Ma	anche	ester	, Md.
22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chap							ral Chapek	E					
-	23. PART I. Enter the di	2014	- Color of the col			132	296 (	harn	nil I	Dr. Manche	ster	Md	21102
CERTIFICATION	shock, or heart failure. List only on fause on each/line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
RTIF	CAUSE (Disease or Inju that initiated events resulting in death) LAS	·	DUE TO	(OR AS A CONSEC	DUENCE OF	):							
	PART II Other significa	at condition	on at allowed as a second	death but are									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS ARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 HO												
ÿ	DID TOBACCO U		IBUTE TO CA					UNC	ERTAIN	N TO			/\
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMPLER?	MEDICAL	HOSPITAL:	26. PLAC	E OF DEAT	H (Check o	-	. /					
₹	1 YES 2 NO		1   Inpatient 2			4 🗌 Nun	Ing Hom		sidence (	6 Other (Specify)			
ВУ Р	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  Accident Investigation					DRY M		URY AT RK? 'ES 2	NO NO	28d. DESCRIBE HOW IN	JURY OC	CURED	
	3 Suicida 6 4 Homicide	ne, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner se stated.  2 2 MADICAL EXAMINET: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner se stated.												
TO BE	29b. SIGNATURE AND ATTLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	Richi	+VA) 9	Jones	MOR	Dires	Print)	CA	Avuoll Co. Hosp. Westmuster, M.J.					
	31. DATE FILED MOTO 4993 (1) 30-MEGISTHAR'S SIGNATURE												

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## DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

		FOR	
1	_	STATE	
	_	REGISTRAD	

REGISTRA	NA .		CI	ERIJF	CATE	OF DE	EATH	REG. NO			
1. DECEDENT'S	NAME (First, Middle, Lest)							2. DATE OF DEATH MONTH DA	AY	YEAR	3. TIME OF DEATH
NAN	HI				LEWI	S		SEPTEMBER	17,		5:10 A. M
4. SOCIAL SECU		1	AGE (In yrs. las		IF UNDER 1 YE	AR IF I	INDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Foreign y)
214-05-	3280	1 🗆 M 2X 🗆 F	77	YRS.	III DI		MIN.	01-18-191	8	MARY	LAND
	ME (If not institution, give						CATION OF DE	HTA		NTY OF DI	
CHESAPE		NURSING HO	1E		AR	NOLD			A	NNE A	RUNDEL
RESIDENCE	OF DECEDENT	ry		I 10c CITY	. TOWN OR L	OCATION					10d. INSIDE CITY
<u>c</u>	1,000				GLEN		TE				LIMITS?
		INE ARUNDEL			GLEN	101. ZIP			10n. CIT	IZEN OF W	HAT COUNTRY?
<b>*</b>	COUILL ROA	LD.					210	61			5.A.
11. MARITAL STA			ER IN U.S. AF	MED	13. WAS	DECENDE		IIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
	led 2 Merried	12. WAS DECEDENT EV FORCES? 1 I		NO	If ye	s, specify		n, Puerto Rican, atc.)		Black Speck	v. White, etc.
3 Widowed	4 XXDivorced					100 121	, ive opening				WHITE
<b>a</b>	15. DECEDENT'S ED (Specify only highest grad				USUAL OCCU		working	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/S	econdary (0-12)	College (1-4 or 5 +)	life	. Do NOT us	e retired.)	ng most or	working		m	T 0 1 7	
로 12		N/A	IN	TERV:	IEWER			CREDI	T UN	ION	
Ö 11	ME (First, Middle, Last)					10.		ME (First, Middle, Melden		N T (17)	
m MILLION			HISS				EFFI	E	W.	ALTER	Υ
0	'S NAME (Type/Print)							Route Number, City or Tow COCKEYSVI			21030
112011111	C. LEWIS										
20a. METHOD O	F DISPOSITION  Cremation 3 - Re-	moval from Stata	comoton, cri	amatany or o	OF DISPOSITIO		1	9/19/95	CATION -	Cily or To	wn, State
4 Donation	5 Other (Specify)	,	LOUI	OON P	ARK CE	METE	RY	9/19/95 _{BAI}	TIMO	RE, N	MARYLAND
21. SIGNATURE	OF BUNERAL SERVICE L	CENTEE						JE, S.W.	TON I	ONER	AL HOME
<b>*</b>	(1) (1) (i)	lle			GLE	N BUI	RNIE, N	MARYLAND 2	1061		
23. PART I. E	ntar the diseases, or nock, or haert fallure	complications that ca List only one couse	used the de on each line	eath. Do r	not enter the	mode o	of dying, aud	h as cardiac or resp	iratory as	real,	Approximate Interval Between
IMMEDIATE C		100		11.	0	1 -	1 /2.	land I .			Onset and Death
resulting in d		a. Marie	/ /	uy	cero	ny	/	forcher	1		2700rs
		A DUE TO (OR	C C C	OUEWOLD	Can	al. n	1000	lov Din	ane		2 400mg
Sequentially	list conditions,	Dr. Comments and the second	AS A CONSE			-no	7,000	C. WAR	20, C		3 /2013
If any, leading	to immediate	502 10 (011	AS A CONSE	OOLINGE O	1 )-						
CAUSE (Diser	se or Injury	c. DUE TO (OR	AS A CONSE	OUENCE O	F):						
Sequentially If any, leading cause. Enter CAUSE (Diser that initiated resulting in d											
8		0.									
PART II. Othe	r algnificant condition	one contributing to de	eth but not	reauiting	In the unde	rlying ca	use given in	Part 1. 24a. WAS AP		24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
PART II. Other								1 [] YES	2 Dus		COMPLETION OF CAUSE OF DEATH?
Σ											1 TYES 2 NO
DID TOB	ACCO USE CON	TRIBUTE TO CAUS	E OF DEA	ATH YE	S NC		JNCERTAII	N B			
25. WAS CASE R	EFERRED TO MEDICAL	HOSPITAL:	26. PLA	CE OF DEA	OTHER:	one)					
S 1 □ YES :	tuo	1   Inpetient 2   EF	l/Outpatient	3 🗆 DOA		Home 5	☐ Residence	6 Other (Specify)			
DID TOBA  25. WAS CASE R  EXAMINER?  1  YES  27. MANNER OF	and the same of th	28e. DATE OF INJ (Month, Day,		28b. TIM	IE OF 28	c. INJURY WORK?	AT	28d. DESCRIBE HOW	INJURY O	CURED	
1 U Mertiful 2 Accider	5 Pending Investigation				M	YES	2 NO				
3 Suicide	8 Could not b	28e. PLACE OF IN building, etc.		ome, farm,	street, factory	, office		281. LOCATION (Street City or Town, Stell		er or Rural I	Route Number,
4 Homick	fe determinad										
29a, CERTIFIER (Check only	1 CENTIFYING PHY	SICIAN: To the best of my	knowledge, d	esth occurr	ed at the time	, date end	plece, end due	to the cause(e) and mi	nner aa at	nted.	
29a. CERTIFIER (Check only one)	2 MEDICAL EXAMI	NER: On the basis of exem	Instion end/or	Investigation	on, in my opin	ion, death	occured at the	time, date end place, e	nd due lo	the cause(	e) and menner ee stated.
296 SIGNATIVE	AND TITLE OF CHRIS	IER 4/	- 4		×	29	c. LICENSE NU	MBER	29d. DA		(Month, Day, Year)
	ely acill	Atter	dens	e (/	Pacto	1 0	1216	84	•	9 -	18-95
30. NAME AND	ADDRESS OF PERSON V	VHO COMPLETED CAUSE (	F DEATH ATE	EM 27) (Type	, Print)			1 , 2	011.0	2110	
	YRIAC - M	10 160	DCR	AW	low	7 =	106	GLEN	74	0 2	106/
31. DATE FILED	(Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						- 0	_	
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		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGI			
		1. DECEDENT'S NAME (First, Middle, Last)	· W. L		WALTER LLO		2. DATE OF DEAT	TH DAY 1		TIME OF DEATH
2		4. SOCIAL SECURITY HUMBER 216-74-2204	1 ⋈ M 2 □ F 67	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea July 20	H a	1	CE (State or Foreign
. 2, 3 should	TOR	9a. FACILITY HAME (If not institution, give st Saint Agnes Hos			Baltim	OR LOCATION OF DI	EATH	9c. COUNTY NA	Y OF DEATH	1
permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	timore	10c. Cf1	TY, TOWN OR LOCA Catonsv					I. INSIDE CITY LIMITS?  YES 2 X NO
. Set	FUNERAL	100. STREET AND HUMBER 98 Small wood A			10	H. ZIP CODE 212	:28	10g. CITIZE	USA	
21215-0020 all or attending physician. for use as the burial-transit	В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (NO	If yes, sp	CENDENT OF HISPAI pecify Cuben, Mexica 8 2XXNO Specif	NIC ORIGIN? (Specify an, Puerto Rican, etc. fy:	y Yes or No 14	4. RACE — / Black, Wh Specify:	American Indian, Mhite
21 for u	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	16b. KIHD OF	F BUSINESS/IHDUS	STRY	
MARYLAND 21 retained by the hospital or 5 should be detached for u		17. FATHER'S HAME (First, Middle, Lest) Theodore Cha	arles Lloyo			18. MOTHER'S HA	AME (First, Middle, Ma Bessie	siden Surname)	nett	
MAR retained 5 should notified	TO BE	190. IHFORMANT'S NAME (Type/Print) Mrs. Ruby Butler	<u> </u>	19b. MAILING	Lehigh A	GRANT LA	ANE CITY OF	Town State Zin Co		
TIMORE, Page 6 may be al director, page		20a, METHOD OF DISPOSITION 1 \( \text{S Burlet 2} \) Cremation 3 \( \text{Remo} \) Remote 4 \( \text{Donation} \) Donation 5 \( \text{Other (Specify)} \)	cem C C	PLACE AND DATE		ery 9/20	/1995	LOCATION — CH	re, Ma	
death.		21. BIGHATURE OF PUNERAL SERVICE UP	Kevin E.		MCCul 237 E	ly Funer L. Pataps	al Home o	of Brook Balto.,	klyn Md.	
76C  and within 24 hours ompletely filled in tall, cremation, or rel event, the medi		HAMEDIATE CALIFORNIA	a. ASPIRA  DUE TO (OR AS A	TIO ~	PNE		· . A	eapfratory arres	it,	Approximate Interval Between Onset and Death
BOX ate be en nysician a prior to	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	DF):	i-yci-	4			leas.
IRDS, P.O. nat the death certific I by the attending plant and Mental Hygiene IV Injury, or othe	O	PART II. Other significant conditions	s contributing to death b	ut not resulting	In the underlyin	g cause given in	Part i. 24a. WAS	S AN AUTOPSY		RE AUTOPSY FINDINGS
RECOF  w requires that been signed b  to of Health an shows any	MEDICAL						1 [] YE	S 2 NO	OF 0	PLETION OF CAUSE DEATH?  YES 2 TO HO
3 ep a a L	SIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		F DEATH YE			ИП			
F VITA SICIAN: The certificate h the State I, or Item	PHYSICIAN	1 ☐ YES 2 1 HO  27. MAHNER OF DEATH	1 Minpatient 2 ER/Output 28s. DATE OF IHJURY	atlent 3 DOA		ne 5 🗆 Residence				
O 돌림돌 <b>일</b>	ВУ РІ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IMJ	M 1 .	YES 2 HO	28d. DESCRIBE HO			
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	ETED	3 Sulcide 8 Could not be determined	28s. PLACE OF IHJURY building, etc. (Speci	sny)			281. LOCATION (Str. City or Town, St	State)		Number,
로 글 전 =	COMPLETE	(Check only one) 2 MEDICAL EXAMINER	CIAH: To the best of my knowledge.  R: On the basis of examination					a, and due to the c	cause(e) and	
TO THE HOSPI TO THE FUNER be filed within	TO BE		ical House	0 9		29c. LICEHSE HUN		≥ Pd. DATE S		oth, Day, Year)
(		34. HAME AND ADDRESS OF PERSON WHO	9 900 cA	A hot		ALTIMO	RE , ~	0 20	404	٠
9		31. DATE FILED (Month, Day, Year) SEP1 9 1995	Jaha Dander	Randall						

MARYLAN	
BALTIMORE, N	
•	
BOX 68760	
ORDS, P.O.	

DIVISION OF VITAL RECC

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	beth F. Luck	-			2. DATE OF D		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 042-30-7589		(In yrs. last birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	OTN	a, BIST	NPLACE (State or Foreign y) land
TOR	9a. FACILITY NAME (If not institution, give st  8424 Hall Road RESIDENCE OF DECEDENT	reet and number)			a Beach	EATN		ounty of a	undel
L DIRECTOR	10a. STATE 10b. COUNTY	Arundel	100	iviera B			100	CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?
FUNERAL	8424 Hall Road  11. MARITAL STATUS  1  Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DEC	21122 ENDENT OF HISPAN polify Cuban, Maxica	n, Puerto Rican	ecify Yea or No-	U.S	E — American Indian,
TED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade  Elementary/Secondary (0-12)	CATION completed)	18a. DECEDENT'S	USUAL OCCUPATIO	2 NO Specifical No. S		OF BUSINESS		White
COMPLETED	1.2 17. FATNER'S NAME (First, Middle, Last)	College (1-4 or 5+)		erk			ate of	-	and
BE CC	Francis R. (	Cox			16. MOTNER'S NA	me (First, Middle ra E. ]		•)	
TO B	19e. INFORMANT'S NAME (Type/Print)  Vernon Lucke	-			nd Number or Rurel Riviera				21122
	20a. METHOD OF DISPOSITION 1 [XPBurls] 2 Cremation 3 Rem 4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State cam	en Haven	Mem. Pa	rk Sept.	CILITY		Burni	
NC	23. PART I. Enter the diseases, ogeshock, pr heart failure. I IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions.	a. Celdomina DUE TO JOR AS A Metastal	ach line.  Conscouence of  Muc	inous					Approximata Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF						
PHYSICIAN: MEDICAL (	District Mul	a contributing to death believed. The misser		n the underlying	g cause given in		WAS AN AUTOP PERFORMED? YES 2 NO	_	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 THO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PI	ACE OF DEATH (Ch	eck only one)			
	1 YES 2 NO  27. MANNEB-OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outp  28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing Normalian Normalian Nursing Normalian Nursing Normalian Nursing Normalian Nursing Nu	RK?		ecity)	OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, term, a		/ES 2 ND	28t. LOCATION	N (Street and Nun vn, State)	nber or Rural	Route Number,
COMPLET		CIAN: To the best of my know							s) and manner as stated.
BE	SIGNATURE OND TITLE OF CERTIFIER	m.n.			29c. LICENSE NUI	WBER YZD	29d. I	DATE SIGNE	(Month, Day, Year)
5	CHRIS DEBURIA	ND 3708	MOUNTA		PASAL	DENA,	NO	211.	25
	SEP1 91995	32. REGISTRAR'S SIGN	IATURE						

DNMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

ITEMS: 4.6.7. PER F.H. 23 PART I. 27. 28a-f. PER MEO FILM G-728 10/2/95 t.t

	11EMS: 4.0.	/. PER F	.H. 23 PAR	11, 2	7, 28a-	t, PER	MEO	FILM	5-728	10/2	/95 t.t			
	FOR STATE REGISTRAR		STATE OF I	MARYLAN		ARTMEN IFICAT				MENTA	L HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH		WEAR	3. TIME OF DEATH
	TIMOTHY		W.			LANH	IAM			SEP	Ť. Ĭ	4 19	95°	12;05 A
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last birthd	,	R 1 YEAR	-	R 24 HRS.	7. DATE	OF BIRTH 1	959	8. BIRTH	HPLACE (State or Foreign
	579-86-4277		1X M 2 🗆 F	-37	36 YR	S. MONTHS	DAYS	HOURS	IMPA,	Jai	18, <del>1</del>	<del>)58</del>	Wasi	lington DC
	9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF D	DEATH
DIRECTOR	CALVERT	MEMOR	RIAL HOS	SPITA	L	PF	RINC	E F	REDE	ERIC	K	CAI	VER	RT
5	RESIDENCE OF DEC	10b. COUNT				CITY, TOWN	OP LOCA	TION						10d. INSIDE CITY
E	Maryland		rles		100.		dorf							LIMITS?
	10e. STREET AND NUMBER						10	1. ZIP COD	)E			10a. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	13120 Jes	ssie's	Place					206	01			Uni	ited	States
Š I	11. MARITAL STATUS		12. WAS DECEDER		J.S. ARMED	13	WAS DEC	ENDENT	OF HISPA	NIC ORIGI	N? (Specify Yes	or No-	14. RAC	E — American Indian, k, White, etc.
	1 Never Married 2		FORCES?		2 NO			2 X NO			Rican, etc.)		Spec	
ВУ	3 Widowed 4 Dive	orced						44						nite
COMPLETED	15. DEC (Specify onl)	EDENT'S EDU y highest grade	CATION completed)	1	(Give kind	of work done	during me	ON ost of work	ing	16	b. KIND OF BU	SINESS/INI	DUSTRY	
	Elementary/Secondary (	0-12)	College (1-4 or 5	+)		OT use retired.								
MP	9th				La	ndsca	oer	1					e Cor	ntractors
	17. FATHER'S NAME (First, M John R. I		. Sr					18. MOT			Middle, Maiden			
BE	19a, INFORMANT'S NAME (		,		T 195 MAII	INC ADDRES	28 /Street	and Numbe	v or Burnt	Dougle Alun	nber, City or Tow	n Stata 7	in Code)	
5	Donald R.		am								dorf, l			
	20a, METHOD OF DISPOSIT	TON	1 - 1	20b. P	LACEANDDA	TE OF DISPO	SITION (N	ame of		DA	TE 20c. LO	CATION —	City or To	own, State
	XX Buriel 2 Cremetic 4 Donation 5 Other	on 3 Rem	noval from State	ced	lar Hi	11the Ce	n. S	ept	18,1	995		Fland	i. Ma	aryland
	21. SIGNATURE OF NUMERO	L SERVICE LI	CENSEE	4	_	22	, NAME A	ND ADDR	ESS OF FA	CILITY				e, Inc 6633
	6/	11 1	RI	W										ton, Md 20735
$\vdash$	23, PART I. Enter the c	Heates or	pmplications the	of Carlson 1	the death. I						_			Approximate
	shock, or h	eart fallure.	List only one ca						,					Interval Between Onset and Death
	iMMEDIATE CAUSE (Fi disease or condition_	nsl	NARCO	FIC INT	OXICATI	ON								Cinact Sind Docum
	resulting in death)		8		ONSEQUENC							-		
z			h											
2	Sequentially list condi- if any, leading to imme		DUE TO	JOH AD A C	ONSEQUENC	E OF):								
3	CAUSE (Disease or Injury	ING	c											
뜬	that initieted events resulting in death) LAS		DUE TO	O (OR AS A C	CONSEQUENC	E OF):								
CERTIFICATION	resulting in destin) CA.	"	d				_			_				
_	PART II. Other signific	ant condition	ns contributing to	death but	t not resuit	ing In the u	ındariyir	ng cause	given in	Part I.	24s. WAS AN		24	b. WERE AUTOPSY FINDINGS
MEDICA											PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
03											22			DF DEATH?
2	DID TOBACCO L	JSE CONT	RIBUTE TO CA	AUSE OF	DEATH	YES 🗆	NO [	JUN	CERTAI	N $\square$				
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL		20	B. PLACE OF			)						
Sic	TX YES 2 NO		HOSPITAL:	ER/Outpat	tlent 3 🗆 DO	A 4 N		ne 5 🗆 l	Residence	6 🗆 Ott	er (Specify)			
품	27. MANNER OF DEATH		28a. DATE O (Month,	Day, Year)	FU	TIME OF		JURY AT ORK?		28d. DI	SCRIBE HOW	INJURY O	CCURED	
ВУ	1 Natural 5 2 Accident	Pending investigation	9-13-9	5 FOUND		:20 PM	1 🗆	YES 2)	NO IX		JECT ING			
ED		Could not be		OF INJURY - j, etc. (Specif)				Ce		251, LO	CATION (Street y or Town, State	ROUSB	Y HIL	RD. (CJ'S
	4 Homicide	determined			FOUND	IN VAN				STOR	E) LUSE	Y, MA	RYLAN	D
PLET	- Electronical survey	TIFYING PHYS	SICIAN: To the beat of	of my knowle	dge, death o	curred at the	Ilme, det	e and plac	a, and du	a to the c	ause(s) and ma	nner as st	eted.	
COMI	2 X MEI	DICAL EXAMIN	ER: On the besid of		end/or Invest	getion, in my	opinion,	death occ	ured at 1h	e time, de	te and place, a	nd dua to	the cause	(s) end menner as stated.
W.	29% SIGNATURE AND TITL	E OF CHATTER	ER / )/ ]/	M	1 1			29c. LI	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
00	1000	40	100	1	WE			0	.C.1	1.E.		SI	EPT.	14,1995
10	3d. NAME AND ADDRESS O		U	11	20. 10.									
	Mario F.	Go1\1	Jr. M.	D. 1	11 P	enn S	Stre	et,	Ba.	ltim	ore.	Mary	vlar	d 21201
	31. DATE FILED (Month, Day SEP1	1995	2. REGISTE	AR'S SIGNAT	TURE									
	OF! T	1000	Jacob Wal	THE PARTY OF	www									



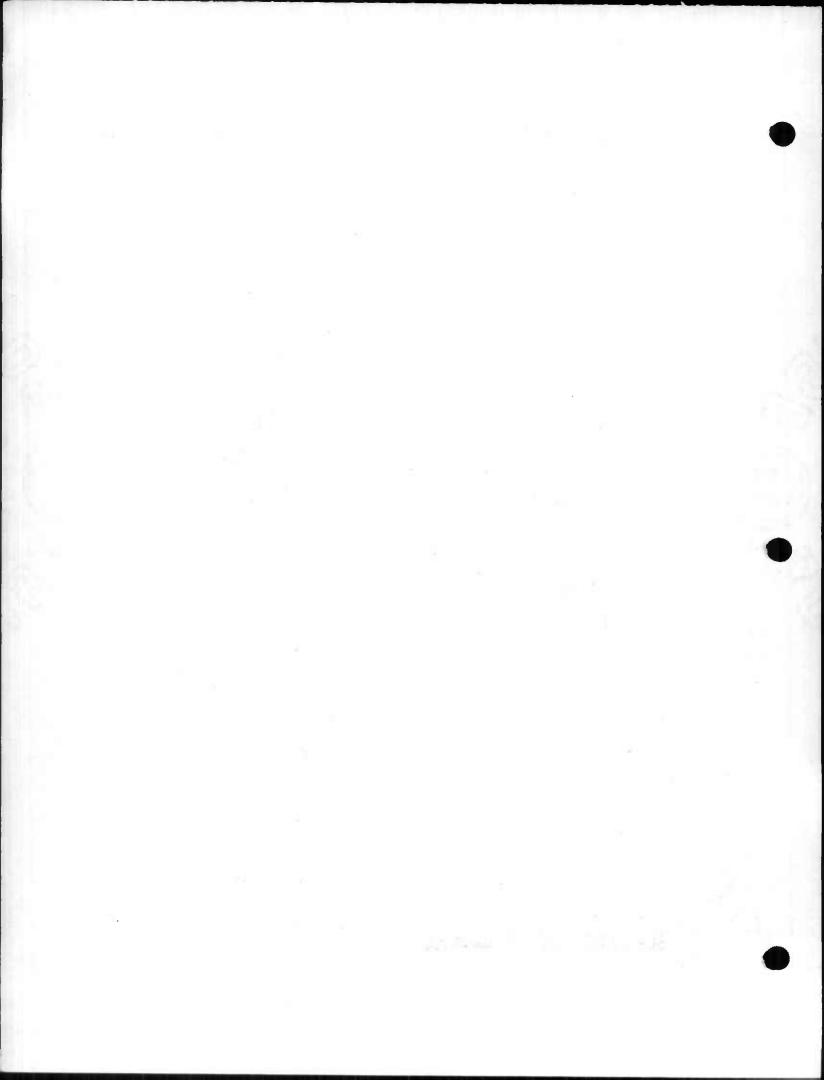
ath. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should has find within 72 hours after death with the State Dent of Health and Mental Motiene prior to burial, cremation, or removal.	0
TO THE HOSPITAL	TO THE FUNERAL	IMPORTANT: II

1	-		R AT		R.F	u
	1. D	ECE	DE	VT'	B N	1
	C	Δ	TI	41	21	Ę

	REGISTRAR	CF	ERTIF	CATE OF D	EATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	CATHERINE PATE	RICIA LAMBDIN				Sept 15	1995	11:55 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. las	at hirthday)	IF UNDER 1 YEAR IF	UNDER 24 HRS.	7 DATE OF BIETH	1 0	BIRTHPLACE (State or Foreign
- 1	216-28-4259	¹□M²₩F 61	YRS.		OURS MIN.	(Month, Day, Year) 10/21	/33 N	Country) Maryland
	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN OR L	OCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	417 Hillsmere	e Drive		Annapo	lis		Anne	Arundel
EC	10a. STATE 10b. COUNT	TY	10c. CITY	Y, TOWN OR LOCATION				10d. INSIDE CITY
E	MD Anne	e Arundel	ŀ	Annapo	lis			LIMITS?
	10e. STREET AND NUMBER				CODE		10g. CITIZEI	N OF WHAT COUNTRY?
FUNERAL	417 Hillsm	mere Drive			21403		US	SA
5	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2	NO			NC ORIGIN? (Specify Y	es or No — 14	i. RACE — American Indian, Black, Whita, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2				Speedly: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	le completed) (G	live kind of v	USUAL OCCUPATION work done during most of	f working	16b. KIND OF B	USINESS/tNDUS	TRY
LE .	Elementary/Secondary (0-12)	College (1-4 or 5+)	Dire	ctor of F:	inance	State	of Mar	rland
DMC	17. FATHER'S NAME (First, Middle, Last)	2	DIIC			ME (First, Middle, Maide		7 2 4 1 4
BE C	Barnes Patric	k Turner				rine Ell	,	wis
TO B	19a. INFORMANT'S NAME (Type/Print)	19		ADDRESS (Street and I				
F	Charles C. Lamb	din Jr. 4	17 H	illsmere I	or. Ann			
	20a. METHOD OF DISPOSITION  1	moval from Stata cemetery, cre	ematory or or			01/11		y or Town, Stata Nore Md
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE ME	tro	Cremato;	ADDRESS OF FA	CILITY		
	+Thomas X	1 Hardester				eral Home, e. Annapo		a. 21401
	23. PART 1. Enter the diseeses, or	complications that caused the de	esth. Do r					t, Approximats
	IMMEDIATE CAUSE (Finel	List only Dne couse on each line		0 .			-	interval Batween Onset and Death
	disease or condition resulting in death)	. Jakob - C	reu	tzteld	+ d	ementi	a	2 years
_		DOE TO (ON AS A CONSE	OUENCE OF	r).				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE O	F):				
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
TE	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	F):				
ER	resulting in destin) EAST	d						
	PART II. Other significant condition	ns contributing to deeth but not	resulting	in the underlying c	suss given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	Hypertensio	~				PERF	2 17 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	01							1 TYES 2 NO
W ::	DID TOBACCO USE CONT	TRIBUTE TO CAUSE OF DEA	ATH YE	S NO Z	UNCERTAIL	N D		*
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLA		TH (Check only one)				
SIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient :	3 DOA	OTHER: 4   Nursing Home	5 Residence	6 Other (Specify)		
ΉÝ	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 28c. INJURY		28d. DESCRIBE HOV	INJURY OCCU	RED
ВУ Б	1 Natural 5 Pending 2 Accident Investigation				2 NO			
	3 Suicide 8 Could not be	28a PLACE OF IN HIRV - At b	oma, farm,	street, fectory, office		28f. LOCATION (Street City or Town, Sta		Rural Route Number,
ITE	4 Homicide determined							
COMPLETED	Cornect Orly	StCIAN: To the beat of my knowledge, d	eath occurr	ed at the time, data en	d place, and due	to the cause(a) and n	anner as stated	
O	one) 2 MEDICAL EXAMIN	VER: On the basis of examination and/or	Investigation	on, in my opinton, deat	h occured at the	time, data and placa,	and dua to the	cause(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFI	ER		2:	9c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)
TO B	Maine W	(and)			04524	17	0	-16-95
F	30. WAME AND ADDRESS OF PERSON W		^		1 6	-4- 10-1	۸	polls MD
		ATA MO 600	) KI	agely t	The ?	uite 131	Anna	DON 21160
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	,					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 show be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	should
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

REGISTRAR			CENTIF	ICAL	CUL	DEATH		REG. NO	).			
1. DECEDENT'S NAME (First, Middle, Last)							2	DATE OF DEATH	AY	YEAR	3. TIME OF DEATI	1
	1ASSONI							EPTEMBER	16,	1995	9:32	A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER 24 HF	8. 7.	DATE OF BIRTH (Month, Day, Year) 1	930	8. BIRTH Countr	IPLACE (State or For	eign
216-28-7305	1 <del>Q</del> M 2 □ F	-65	64 YRS.						31		yland	
9a. FACILITY NAME (If not institution, give	street and number)			96. CITY	, TOWN	R LOCATION O	F DEATI	1		UNTY OF D	EATH	
THE JOHNS HOPKIN	NS HOPITA	AL		BAL	TIMO	RE			N	I/A		
10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	'ION				Т	10d. INSIDE CITY	
Ma.	N/A		В	alti	more					- 1	LIMITS?	10
10e, STREET AND NUMBER					101	. ZIP CODE			10g. CIT	FIZEN OF W	VHAT COUNTRY?	
518 S. Washingto	n Street					2123	1		υ	J.S.A	•	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT OF HIS	PANIC	ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian	١,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		- 140			2 NO Sp		verto Rican, etc.)		Speci	lly:	
15. DECEDENT'S EDU	I CATION	1.0								Whi	te	
(Specify only highest grade	completed)		(Give kind of a life. Do NOT us	work done	during mo	IN st of working		16b. KIND OF BU	SINESS/IN		0	
Elementary/Secondary (0-12)	College (1-4 or 5 +	)	Mason							N/	A	
17. FATHER'S NAME (First, Middle, Last)	-		Mason	т у		18. MOTHER'S	NAME	(First, Middle, Maiden	Sumama)			_
Liberio Mass	oni					141	11000	N/A		LA CEC	CKUE	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a			n Number, City or Tow			J. C.	
Frank A. Massoni								o.,Md. 21		, 0000,		
20a METHOD OF DISPOSITION 1 CABuriel 2 Cremetion 3 Rem		20b. PLAC	EANDDATE	OF DISPOS	ITION /Na	me of				City or To	wn. State	
4 Donation 5 Other (Specify)	oval from State	Oak	Lawn	Ceme	terv		9/20			ore,		
21. SIGNATURE OF FUNERAL SERVICE LI	CEMSEE	1	4			D ADDRESS OF	FACILI					
1 /	2011	-1	7	10.2	77	c 7-11.	-	1.001	, 21	231	A	
23. PART I. Enter the diseases, pr	complications that			11.7.1								
shock, or heart fallure.		CHUSEO THE	desth. Do r	not enter	the mo	de of dvino	er J	Inc. 1901	Las	tern		
	List Dnly Dne caus	se on each ii	desth. Do r	not enter	the mo	ds of dying,	er J	cardiac or respi	ratory ar	rest,	Approximatinterval Be	wee
IMMEDIATE CAUSE (Finel disease or condition	List Dnly Dne caus	se on each li	ne.	not enter	the mo	da of dying,	er .	INC. 1901 a cardiac or respi	Las	rest,	Approximatinterval Better Onset and	Deat
IMMEDIATE CAUSE (Finel	List Dnly Dne caus	se on each li	ne.	not enter	the mo	da of dying,	er J	INC. 1901 s cardiac or respi	Las	rest,	Approximatinterval Be	lwee Deat
IMMEDIATE CAUSE (Finel disease or condition	a. Due ro	OR AS A CONS	COSEQUENCE OF	not enter	the mo	ds of dying, s	such as	s cardiac or respi	ratory ar	rest,	Approximatinterval Bet Onset and	Deat
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	a. Due ro	OR AS A CONS	SEQUENCE OF	not enter	the mo	ds of dying, s	such as	onary	ratory ar	rest,	Approximatinterval Bet Onset and	Deat
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Due ro	OR AS A CONS	SEQUENCE OF	not enter	the mo	ds of dying, s	such as	s cardiac or respi	ratory ar	rest,	Approximatinterval Bet Onset and	Deat
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IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Due to o	OR AS A CONS	SEQUENCE OF	F):	the mo	ds of dying, s	such as	s cardiac or respi	ratory ar	rest,	Approximatinterval Bet Onset and	Deat
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (	(OR AS A CONS	BEQUENCE OF	F):	the mo	ds of dying, s	m	onary	Di s	SEQS	Approximatinterval Betonset and I house 3 year	Deat CS
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IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (	(OR AS A CONS	BEQUENCE OF	F):	the mo	ds of dying, s	m	On ary	AUTOPSY IMED?	SEQS	Approximatinterval Be Onset and I No use 3 year were autopsy fin Amalable Prior of Completion of Ca of Death?	Deat Control of the C
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (	OR AS A CONS	SEQUENCE OF	F): F): In the un	the mo	de of dying, s	lm Par	t I. 24a. WAS AN PERFOR	AUTOPSY IMED?	SEQS	Approximatinterval Bet Onset and I No use 3 years were autopsy fin Amiliable Prior it Completion of Ca	Deat Control C
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL	a. DUE TO (	OR AS A CONS	SEQUENCE OF	F): F): In the un	the mo	ds of dying, s	lm Par	t I. 24a. WAS AN PERFOR	AUTOPSY IMED?	SEQS	Approximatinterval Be Onset and I No use 3 year were autopsy fin Amalable Prior of Completion of Ca of Death?	Deat Control C
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT OF				HYGIENI REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last) GODFREY	М.			MORR	ISON		2. DATE OF MONTH SEPT	EMBÉ	R 14	,95	3. TIME OF DEATH  12:45 PM
	4. SOCIAL SECURITY NUMBER 217-96-8873	5. SEX 1 XXM 2 - F	6. AGE (In yrs. las	yrs.	MONTHS DAYS		MIN.	7. DATE OF OCT . I		30	Country.	I MORE, MD
-	Se. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWI	OR LOCAT	ION OF DI	EATH		9c. COUN	TY OF DE	ATH
TOF	JOHNS HOPKINS	HOSPIT	AL		BALT	IMOR	E C	ITY				
DIRECTOR		E 10b. COUNTY 10c. CI			Y, TOWN OR LOC BALT	ATION I MORE				10d. INSIDE CITY LIMITS? X(X) YES 2 □ N		10d. INSIDE CITY LIMITS? XXX YES 2 NO
FUNERAL	1506 N. KENH	KENHILL AVENUE				101. ZIP COE 21	213			10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 VNO IF YES, GIVE WAR OR DATES				if yea,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or if yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:				or No-		- American Indian, White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	ECEDENT'S	USUAL OCCUPA work done during	TION most of work	ina	16b. Ki	ND OF BUS	INESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12) 7 th	College (1-4 or 5	+) life	STUD	se retired.)				MID		SCH0	OL
BE CO	17. FATHER'S NAME (First, Middle, Lest) GODFREY F.	MORRISO		· · · · · ·	,,		BE	RNADET	TE	BR	OWN	
70	BERNADETTE	MORRISO		1506	N. K			VENUE,				D 21213
	20a, METHOD OF DISPOSITION 1 🔀 Surial 2 □ Cremetion 3 □ Rem 4 □ Donation 8 □ Other (Specify)	oval from State			OF DISPOSITION Other place E CEME		9	-21		CATION — C	100	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI					C. M		FH1	101	E. N	IORTH	AVENUE
RTIFICATION	immediate cause (Final disease or condition resulting in death)  a. Head Dhauff								Interval Between Onset and Death			
CER	resulting in death) LAST	d										
MEDICAL	PART II. Other significant condition	ns contributing to	o deeth but not	resulting	in the underly	ing cause	given in		PERFOR	IMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CA	AUSE OF DEA	ATH Y	ES NO	UN!	CERTAI	NO	LUS P€	30110v		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLA	CE OF DEA	ATH (Check only o	10)						
YSI	1 X YES 2 □ NO	1 Extrapationt 2	☐ ER/Outpatient :	-	OTHER:		Residence					
	27. MANNER OF DEATH  1  Netural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	26b. TH	JURY	WORK?	NO	DOLLAS	D OGE			STOUCK UPN
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	bullding	OF INJURY — At he		41			281. LOCATI City or 1200 N	Town, State)	and Number	or Rural R	Oute Number,  Downwo Raff
COMPLETED	torious orny	ICIAN: To the best of		leath occur				e to the cause	(a) and mai	nner sa stat	ed.	
Ö	29d. DATE SIGNED (Month, Day, Year)											
8	DI MAN TO MAN IN 1995											
ш	30. NAME AND ADDRESS OF PERSON WITH	10 COMPLETED CA	1 ,						re,			d 21201

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FOR

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Raymond M.	Muza				September 54	17,1999	5:05 A.M.M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8. BIP	THPLACE (State or Foreign
	184 48 9338		O YRS.	MONTHS DAYS	HOURS MIN.	oct. II,		nnsylvania
	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF DE	ATH	9c. COUNTY OF	
DIRECTOR	Stella Maris Hosp:	ice at Mercy	·	Ва	altimore		N	N/A
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY
PE	Maryland	N/A			Baltimo	ore		1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 607 S. Chapel St	•		10	I. ZIP CODE	1231		ed States
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			IIC ORIGIN? (Specify Yes	or No- 14. R/	ACE — American Indian, lack, White, etc.
ВУ Е	1 XNever Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1X YES IF YES, GIVE WAR OR D. 1974 - 1980	ATES		2 NO Specify	n, Puerto Rican, atc.)		welly: White
ED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	1
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	or working	D-1	ada pa	
MPI	12	2	Mar	nager			tail Boo	okstore
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Raymond M	•	Muza		Marie	ME (First, Middle, Maiden	Surname)	Stroud
TO BE	19a. INFORMANT'S NAME (Type/Print) Brian L. Stees				ond Number or Rural I	Route Number, City or Tow		3–2403
		201	. PLACE AND OATE				CATION — City or	
	20a. METHOD OF DISPOSITION  1  Burlel 2 X Cremation 3 Ramo 4 Donation 6 Other (Specify)	val from State cen	een Mour	other placal			ltimore	
	21. SIGNATURE OF FUNERAL SURVICE LICE		CCII IIOUI	22. NAME A	NO ADDRESS OF FA	CILITY		1110
	1 St. 2 12	Lucia			-	. Lohrmanı stures Dr.		ore,MD 21286
12.0	23. PART i. Enter the diseases, or c							Approximate
	ahock, or heart failure. I	iat only one cause on e	each line.					Interval Between Onset and Death
	disease or condition resulting in death)	A.	105					
	resulting in dealth)	DUE TO (OR AS	A CONSEQUENCE O	DF):				
z	Commenter that are different for	J						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE C	OF):				
2	Cause. Enter UNDERLYING CAUSE (Disease or Injury	SUE TO (OR AC	A CONSEQUENCE O	NO.				
Ë	thet initieted events resulting in death) LAST	DUE TO (OR AS )	A CONSECUENCE C	r. j.				
Ö		1.						
	PART II. Other significent conditions	a contributing to death i	out not resulting	In the underlying	g cause given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL						1 TYES 2	DENO.	COMPLETION DF CAUSE OF DEATH?
ME								t YES 2 NO
ä	DID TOBACCO USE CONTR	LIBUTE TO CAUSE C	OF DEATH Y	ES 🗆 NO 🗵	<b>UNCERTAI</b>	N 🗆		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:				
PHYSICIAN:	t TYES 2 TO NO	1   Inpatient 2   ER/Out		4 - Nursing Ho			HOSPICE	
	27. MANNER OF DEATH  t Natural 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TII	JURY W	JURY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW	NJURY OCCURED	
BY	2 Accident Investigation	28a. PLACE OF INJURY	V At home ferm			28f, LOCATION (Street	and Number or Ru	ral Bruta Number
TED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spe	peffy)	arrowr, rectory, orre		City or Town, State;		
COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of my know	viedge, death occur	red at the time, dat	a and place, and dua	to the cause(a) and ma	nner as stated.	
MO	one	R: On the beels of examination	on and/or investigat	lon, in my opinion,	death occured at the	time, data end place, ar	nd due to the cau	se(a) and manner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DATE SIGI	NED (Month, Day, Year)
8	27. 8	122min	>		040	1480	D 9	118/95
2	30, NAME AND ADDRESS OF PERSON WHO	-		e, Print) 5	30 30	MO RO	1	
	FERRAMOO V.	FIREO, M	0	ts	alto	MD 7	1206	
	SEP 1 9 1995	3 REGISTRAR'S IGI	LIVE					



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BOX 68760	ate he executed within

DIVISION OF VITAL RECORDS, P.O.

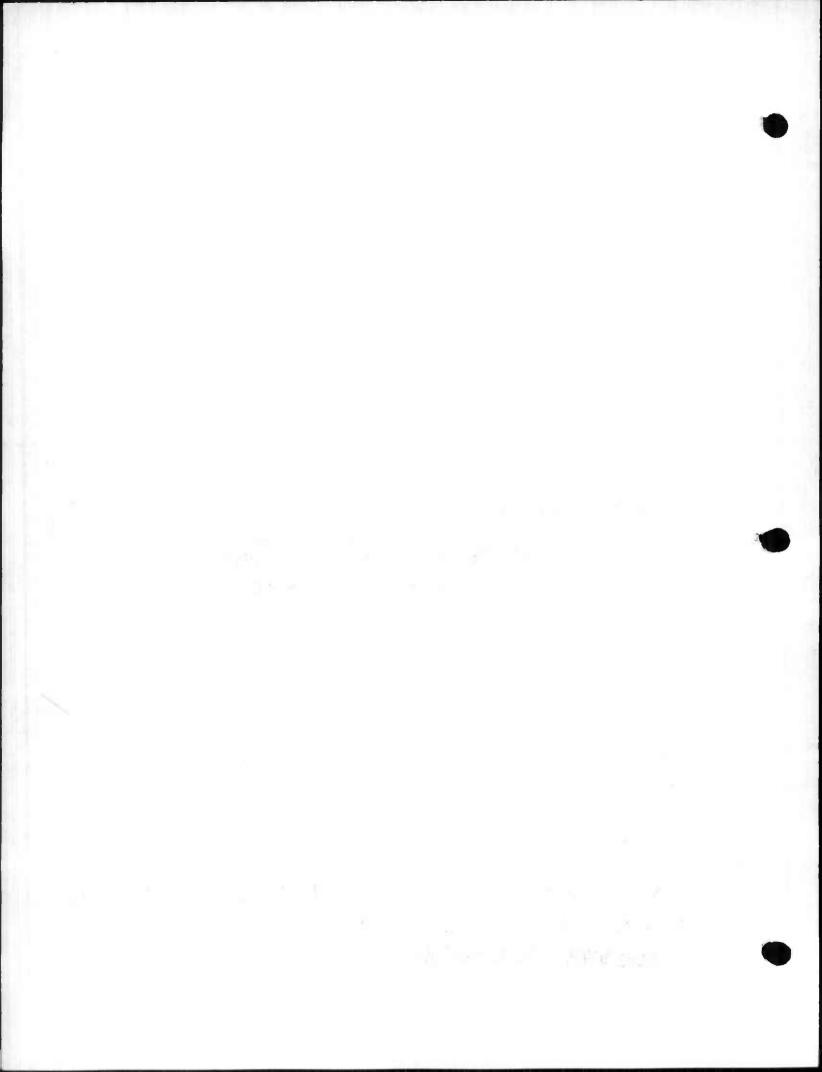
BALTIMORE, MARYLAND 21215-0020	ers after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	a medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it are as after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										9	J	28099
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPART	TMEN CAT	T OF H	IEALTH DEA	AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	Jeron			ler					Sept. 17,	1995	YEAR	10.00 Am
			E (In yrs. las		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
	214-40-6920  9a. FACILITY NAME (If not institution, give stree	M 2 D F	53	YRS.					May 9,1	942		rvland
œ							OR LOCATI				JNTY OF D	EATH
18	128 W.Ostend St. Balto.City, Md. none											
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.							10d. INSIDE CITY LIMITS?				
	Maryland 1 10e. STREET AND NUMBER	none		Ва	alt		ity,					1 YES 2 NO
I A		W.Ostend	S+			101	ZIP CODE	230		1112		THAT COUNTRY?
FUNERAL		2. WAS DECEDENT EVED	IN II C ADI	MED	13	WAS DEC			NIC ORIGIN? (Specify Yes			States
BY	1 Never Merried 2 XMerried 3 Wildowed 4 Divorced	FORCES? 1 YES	3 2 VN	0	1	It yes, sp	ecify Cube	n, Mexice	n, Puerto Rican, etc.)	OF NO		- American Indian, , White, atc. White
H	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION mpleted)	18e. DE0 (G/s	CEDENT'S U	ISUAL O	during mo	ON st of workin	19	16b. KIND OF BUS	SINESS/INI	DUSTRY	Balto.Ci
COMPLETED	0	College (1-4 or 5+)		ardma					Bureau	of	Hig	
Š	17. FATHER'S NAME (First, Middle, Last)						18. MOTE	HER'S NA	ME (First, Middle, Melden	Surname)	-	
BE (	Le	o Franci					Ru	th	Naomi Ho	od		
0	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or Town			
Ė	Mrs.Frances Mil.							it. E	alto.Md.	212		
	1 Donation 5 Other (Specify)	I from State	metery, crem	ND DATE OF	er place)	SITION /Na	me of	h C	emt. 9/21	CATION -	City or Ton	eeland, Md
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE C	16.4.	LOII			D ADDRES					
	McCully Funeral Home, 130 E.Fort Ave											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Approximate interval Between Onset and Death								Interval Between			
CERTIFICATION												
MEDICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE, OF DEATH?							AVAILABLE PRIOR TO COMPLETION OF CAUSE,				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMPLER?	OSPITAL:	matters of	000	OTHER	3.			ck only one)			
Ή	27. MANNER OF DEATH	28e. DATE OF INJURY	panent 3	28b. TIME	OF	28c. INJU	JRY AT	sidence	28d, DESCRIBE HOW IN	JURY OC	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJUI	RY M	WOF	RK? ES 2	NO				
ED	3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, etc. (Spe	Y — At hom	ie, farm, str	eet, fact	ory, office			28t. LOCATION (Street ar City or Town, State)	nd Number	or Rural Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my know	viedge, dest	th occurred	at the ti	ime, date :	end place.	and dua	to the cause(s) and many	ner as stat	ed.	
OM	one) 2 MEDICAL EXAMINER: C	on the besis of examination	on end/or In	veatigation,	in my o	pinion, de	ath occurs	ed at the t	time, data and place, and	due to th	e cause(s)	and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER		h /	-			29c. LICE					Month, Day, Year)
TO B	30, NAME AND ADDRESS OF PERSON WHO C		N	10			DI	77	52	> C	1/19	7/95

296. SIGNATURE AND TITLE OF CENTIFIER	MD	D 17752	29d. DATE SIG	SHED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH (ITEM 27) (Type Print)			11111
R. SIRITHARA	3001 · C. HANOUFR	CT. BALTIMORE	Md	21225

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE SEP1 91995

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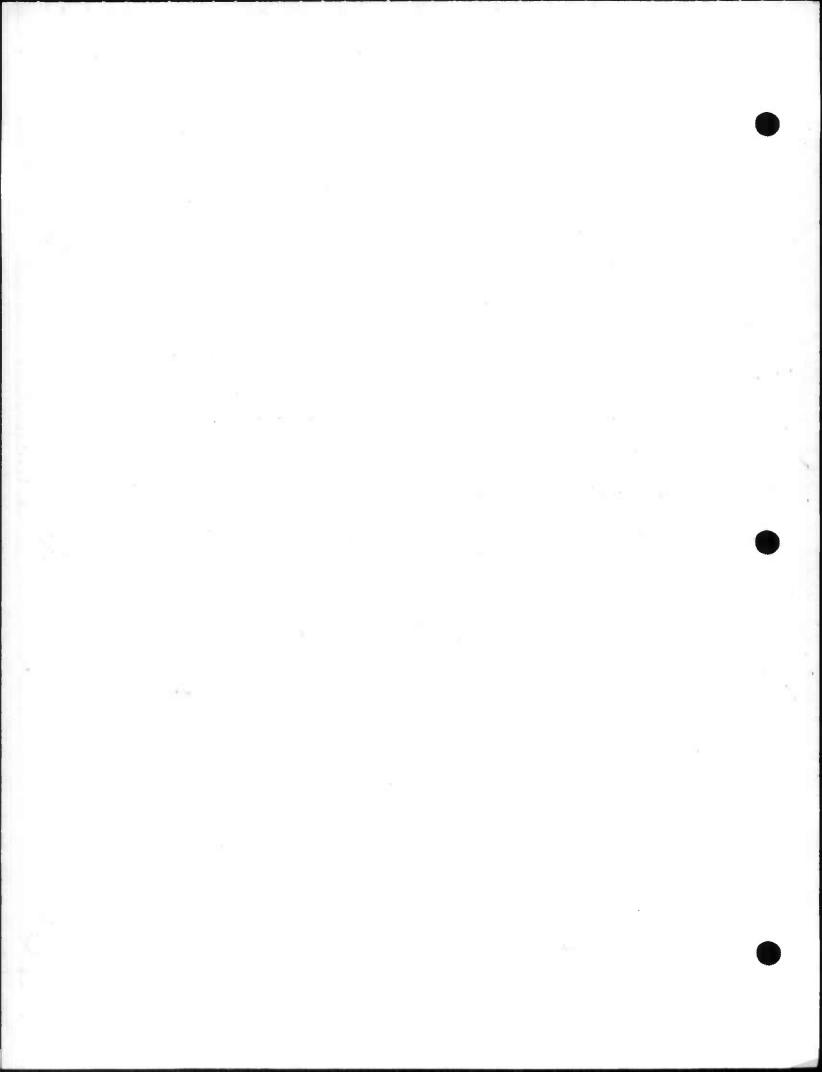


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31. DATE FILED (Month, Day, Year)
SEP1 9 1905

42. REGISTRAR'S SIGNATURE

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	mer	011			2. DATE OF DEATH	DAY 10	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		s. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 08-16-1		8. BIRTHPLACE (State or Foreign Country) Maryland
FOR	90. FACILITY NAME (If not institution, give stre Howard County Gen			Ob. CITY, TOWN C	R LOCATION OF DE	ATH		TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  Maryland  Baltim	ore		town on Locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10% STREET AND NUMBER 3726 Eastman Road				21133		-	EN OF WHAT COUNTRY? S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW II and Kor	NO	If yes, any	ENDENT OF HISPAN acify Cuban, Maxicar 2 X NO Specify.		ee or No	14. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	ompleted) Coflege (1-4 or 5+)	DECEDENT'S US (Give kind of working. Do NOT use)	SUAL OCCUPATION of done during more retired.)	DN st of working	16b. KIND OF B		
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Marion Reyburn	4.	Jaage			State ( ME (First, Middle, Maide  aurie Jone	n Surname)	gxana
2	190. INFORMANT'S NAME (Type/Print) Shirley Merrill					oute Number, City or To dallstown		
	20a. METHOD OF DISPOSITION 1 Grant School Sc	ral from State cemetery	CE AND DATE OF	DISPOSITION (Na				ity or Town, State
	21. BIGHAPURE OF FUNERAL SERVICE LICE	I wade	, Dir.	State	Anatomy	Board-65:	5 W. B	altimore Stre 21201-1559
	IMMEDIATE CAUSE (Final	mpHCations that caused that st only one ceuse on each  SCOTO OR AS A COM	line.	t enter the mo	de of dylng, auch	as cerdiac or rea	plratory arre	st, Approximate Interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):							10 lay	
ERTIFICA	resulting in death) LAST	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Chronic obstructive purmonay nichts  Thront concert 1 yes 2 the conference of parting in the underlying cause given in Part I.  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24b. WERE AUTOPSY PARTING OF DEATH?  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24b. WERE AUTOPSY PARTING OF DEATH?  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PARTING OF DEATH?  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PARTING OF DEATH?  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24b. WERE AUTOPSY PARTING OF DEATH?  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PARTING OF DEATH?  1 yes 2 the was an autopsy parting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PARTING OF DEATH O						
CERTIFIC	d.	much pe	1mon	the underlying	110mg	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CERTIFIC	PART II. Other algnificant conditiona  Chiun C USS  Thrond  DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	mak pu	PEATH YES	DE NO CONTRER:	110mg	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CERTIFIC	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	BUTE TO CAUSE OF D  26. P  HOSPITAL:   Inputient 2   ER/Outpetten  28. DATE OF INJURY (Month, Day, Vear)	PEATH YES PLACE OF DEATH IN 3 DOA 4 28b. TIME INJUR	Check only one)  OTHER:  Nursing Hom  Nursing Hom  Nursing Hom  The control of th	UNCERTAIN  6 G Residence ( URY AT NO  128 2 NO	PERFO 1 YES 5 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
CERTIFIC	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	BUTE TO CAUSE OF D  26. P  HOSPITAL: Inpution 2 = ER/Outpetten  28e. DATE OF INJURY	PEATH YES PLACE OF DEATH IN 3 DOA 4 28b. TIME INJUR	Check only one)  OTHER:  Nursing Hom  Nursing Hom  Nursing Hom  The control of th	UNCERTAIN  6 G Residence ( URY AT NO  128 2 NO	PERFC 1 YES  8 Other (Specify)	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFIC	DID TOBACCO USE CONTRI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSICI	BUTE TO CAUSE OF D  28. P  HOSPITAL:    Inputer 2   ER/Outpetien    28a. DATE OF INJURY   (Month, Day, Year)    28e. PLACE OF INJURY   28	DEATH YES PLACE OF DEATH  28b. TIME  28b. TIME  At home, farm, str	Check only one)  OF Check only one)  OTHER:    Nursing Hom  OF WO  1   Y  eet, factory, office  at the time, date	UNCERTAIN  6 6 Residence  WRY AT THE STATE OF THE STATE O	PERFO  1 YES  5 Other (Specify)  26d. DESCRIBE HOW  City or Town, Staff  to the cause(a) and ma	INJURY OCCL	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO  JRED  W. Rural Route Number,



PER MED ETIM 6-727 9/22/05 + +

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

10

31. DATE FILED (Month, Day, Vear)
SEP1 9 1995

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunish-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunish, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21215-0020

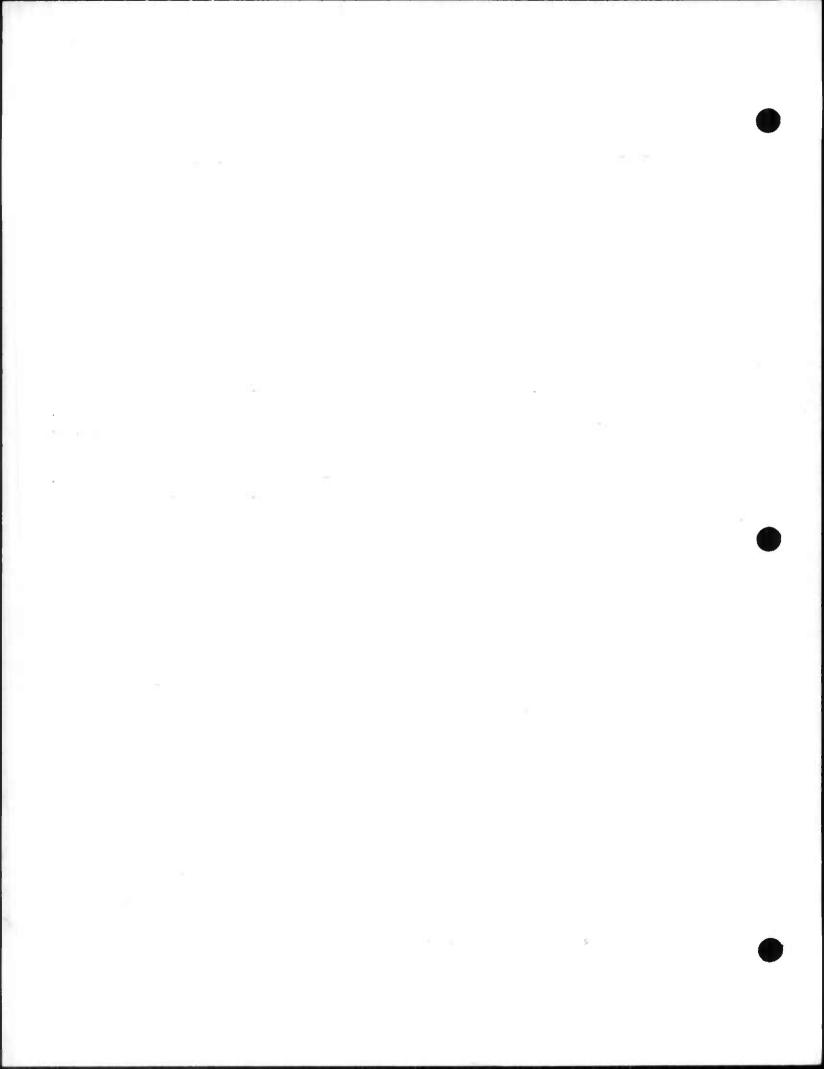
DIVISION OF VITAL RECORDS, P.O. BOX 68760

	IIEMS: Z3 PAKI	1, Z/, Z8a-r, PE	K MEU FILM	G-/2/ 9/	22/95 t.t				
	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM				GIENÉ S. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  JOHN	D		MONITICA	MEDV	2. DATE OF OEMONTH	DAY	YEAR	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER		rs. lest birthday) IF	MONTGO UNDER 1 YEAR ITHE DAYS	IF UNDER 24 HRS. HOURS MIN.	SEPT.  7. DATE OF BIRK	TH 8		ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	reet and number)	96	. CITY, TOWN OI	R LOCATION OF DI	EATH	9c. COUNT	Y OF DEA	THE PARTY I
HOT	BALTIMORE CITY	DETENTION C	ENTER	BALTI	MORE CI	TY	٠.,	NA	
DIRECTOR	10a. STATE 10b. COUNTY	NA	10c. CITY, TO	HIM.	ORE			1	Dd. INSIDE CITY LIMITS?  TYES 2 NO
FUNERAL	4540 Mayo	RVIEW RD			2122	9	1	1,5	AT COUNTRY?
B	11. MABITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	2 (I) 10		olfy Cuban, Maxica	NIC ORIGIN? (Spei in, Puerto Ricen, e y:		4. RACE - Black, 1 Specify:	- American Indian, White, atc. 1CK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 18 Completed)  College (1-4 or 5+)	Ge. DECEDENT'S USL (Give kind of work life Do NOT use re	done during mos	t of working	16b. KINO	UILDINI	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)  JOHN D. MONTO	SOMERY GRI	LENVIIN	UCIU	18. MOTHER'S NA	ME (First, Middle, E.2-ME)	VA C	HAR	155
10 8	19a. INFORMANT'S NAME (Type/Print)	INII PAGE	196. MAILING AD	MAN	Number or Rural	Route Number, City	or Town, State, Zip C	code)	21228
	20s. METHOD OF DISPOSITION 1 No Surface 2 Cremetton 3 Remo	oval from State 20b. Pl	ACE AND DATE OF D	ISPOSITION (National Color)	ne of G	/2ilas	LOCATION - CI	ty or Town	n, State
	21. SIONATURE OF PHYSICAL SERVICE LLC	EHOLE	_	22 GAT	ADDASS OF	ARCAT	UNERA!	Hon	E PA,
	23. PART IL Form Understass, or cannot be or heart failure.	complications that caused the List only one cause on each	he death. Do not	enter the mod	le of dying, suc	ch as cardiac of	respiratory srre	at,	Approximate interval Between
	iMMEDIATE CAUSE (Fine) disease or condition reaulting in death)	HANGING DUE TO (OR AS A C							Onset and Death
ON	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A CO							
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A Co	ONSEQUENCE OF):						
_	PART II. Other eignificant condition	a contributing to death but	not reaulting in t	ha undariying	causa given in		MAS AN AUTOPSY PERFORMED? YES 2 NO	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	DEATH YES		UNCERTAL	N		1	YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	PLACE OF DEATH (				DETEN	עדידו	N CENTER
PHYSICIAN: MEDICA	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatiant 2 ER/Outpati 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	JRY AT	28d. DESCRIBE	HOW INJURY OCCU		I CDÍALDK
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 9/16/95 28e. PLACE OF INJURY — building, etc. (Specify,	6:00 /	M 1 1 7	ES 2 XXNO		(Street and Number on, State)		ute Number,
PLETE	4 Homicide datarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSI	BALTIMOR	E CITY DET				ORE, MARYL		
COMPLET	(Critick Only	R: On the basis of axemination a							and manner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIPLE	PEL			O.C.M			PT.	Month, Day, Year) 16, 1995
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type Pr	int)	0.0.11				

Penn Street, Baltimore, Maryland 21201

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BALTIMORE, MARYLAND 21215-0	refained
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909	be executed within 24 hours after death. Page 6 may be retained by the bosoital or attending
X 68760	executed
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			1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	IEALTH AND I		GIENE G. NO.		
•			1. DECEDENT'S NAME (First, Middle, Leat)	Melva Jean N	liller			2. DATE OF DE MONTH Septem	ATH	YEAR	TIME OF DEATH
100	Pi		4. SOCIAL SECURITY NUMBER 220-68-2247	1 □ M 2 X F 38	yrs. leat birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRT (Month, Day, 1)  Jan. 8	TH Year)	8. BIRTHPLAC Country)	E (State or Foreign
	, 2. 3 should	стоя	9a. FACILITY NAME (II not institution, give a 23 WOODSMAN COUT RESIDENCE OF DECEDENT				ESSEX	EATH		ity of DEATH ultimo)	
	permit. Pages 1,	DIRE	10a. STATE 10b. COUNT Maryland	v Baltimore	10c. CITY	, TOWN OR LOCAT		ssex		-+1:10	INSIDE CITY LIMITS?  YES 2 NO
	15	FUNERAL	100. STREET AND NUMBER 23 Woodsman Cour				ZIP CODE 212		Uni	ted Sa	
5-0020	a a	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 V NO	If yea, ap-	ENDENT OF HISPAN ecity Cuben, Mexica 2 X NO Specify	n, Puerto Rican, e	Hy Yes or No-	14. RACE — A Black, Whi Specify:	white
2121	al or attend for use as	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo-		16b. KIND	OF BUSINESS/INDU	STRY	
ND	the hospital detached is once.	COMPLET	12 Years	Conage (14 or 57)	House	ewife			Own Ho	me	
YLA	by the lat on	BE CO	17. FATHER'S NAME (First, Middle, Last)  Melvin Fisher. S	h			18. MOTHER'S NAM	ME (First, Middle, I Frazi			
MARYLAND	5 should	TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Number, City	or Town, State, Zip (		
	2 8 0		Raymond G. Mille  20a. METHOD OF DISPOSITION KIX BUTIST 2 Cremation 3 - Ram	206.5	PLACE AND DATE O	F DISPOSITION /Na	Cowrt E	DATE 2	aryland loc. Location — c		
WO	director, p		4 Donation 5 Other (Specify)	0a	tery, cremetory or oth R Lawn (	emetery	9/6/19	95	Baltim		
BALTIMORE	nours are bean. Page b may ed in by the funeral director, pa or removal.  medical examiner must b		22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, MD 21222  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate								
000	within 24 pletely fill cremation, rent, the		shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ecomplications that caused List only one cause on each a.  DUE TO (OR AS A C	ances	lung	de of dying, suci	h as cardisc or	respiratory arre	st,	Approximate interval Batween Onset and Daath
6	sician and sician and prior to bur traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (DR AS A (		·					
, P.O.	ending Hygie	CERTIF	that initiated events resulting in deeth) LAST	DUE TO (OR AS A (	CONSEQUENCE OF	):					
0	signed by the Health and M	MEDICAL C	PART II. Other significant condition	s contributing to death but	t not resulting in	the underlying	cause given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO	AMAIL COMI OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE SEATH? YES 2 7 NO
_	Dept. Dept.	A .	DID TOBACCO USE CONT		DEATH YES		UNCERTAIN	10			
	- e e e	SE	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Output		OTHER:	5 Residence	5 Other (Specif	(y)		
N OF	this the	ву рну	27. MANNER OF DEATH  1	28a. DATE DF INJURY (Month, Day, Year)	26b. TIME INJU	M 1 Y	RK? ES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	JRED	
DIVISION	TOR: A after of 28 is	ETEO	3 Suicide 8 Could not be determined	28a. PLACE DF INJURY – building, etc. (Specif)	– Al homa, ferm, st	reet, factory, office		28f. LOCATION (S City or Town,	Street and Number of, State)	r Rurel Route h	Number,
0	3 4 2 =	COMPLE		CIAN: To the best of my knowled R: On the beals of examination a							manner as stated.
2	TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIEF	- MD			DISA	487	29d. DATE	SIGNED 1	19 Year)
	1		30. NAME AND ADDRESS OF PERSON WHITE MAN THAN TO THAN TO THAN TO THAN TO THAN THE TOTAL THAN THE TOTAL THAN THE TOTAL THAN THAN THE TOTAL THAN TH	9101 FR	ANKLIN	SO WAR	20 DKIL	じょ ちゃ	KTO M	Dai	237
			SEP1 9 1995	32. REGISTRAR'S SIGNAT							



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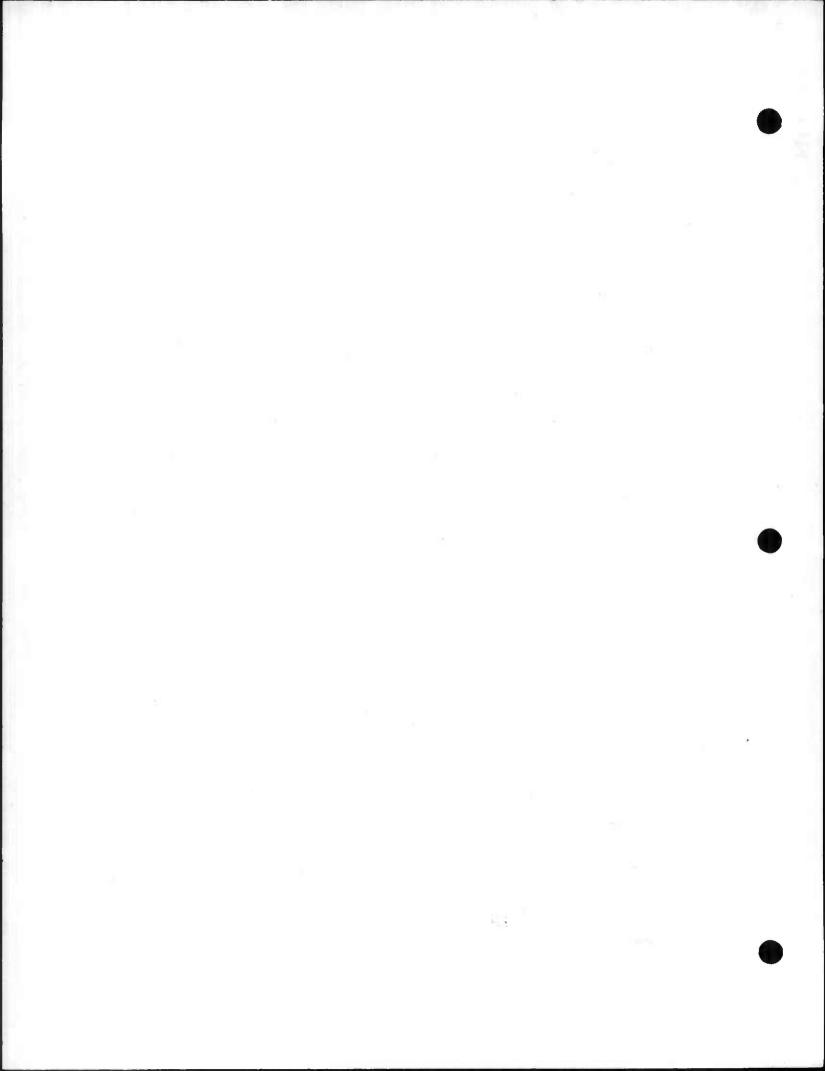
Howard Steiner,

		FOR 1 STATE	STATE OF MARY!	_AND /	DEPAR	TMENT O	HEALTH AN	D MENTAL H	64	5 2	8103
		REGISTRAR					F DEATH		EG. NO.		
<b>\</b>		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	DAY	YEAR	TIME OF DEATH
		ALFRED  4. SOCIAL SECURITY NUMBER	HOLLIS 5. SEX   6. AGE			RRAY,			14, 199		4:30 P. M
			5. SEX   6. AGE 1	(In yrs. Ias	YRS.	MONTHS DAY		(Month, Day	12,1934	Country)	ACE (State or Foreign
3 should		9a. FACILITY NAME (If not institution, give stre	et and number)	01		9b. CITY, TOV	N OR LOCATION OF			NTY OF DEA	
2,	DIRECTOR	Lakeside Manor				Bal	imore Ci	ity		N/A	A
sade	REC	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR LO	CATION			10	Dd. INSIDE CITY
physician. bunal-transit permit. Pages 1,		Maryland N/	A		Bal	timore				1	YES 2 NO
it be	FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE		10g. CIT		AT COUNTRY?
trans	INE	10 St. Georges Ro	OAC 12. WAS DECEDENT EVER I	N 110 AD	4450		21210			USA	
the the	ВҰ	1 Never Married 2 Married FORCES? 1 YES 2 5 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES			ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 M NO Specify:						
r attending use as the	ED	15. DECEOENT'S EDUCA (Specify only highest grade co	TION ompleted)			USUAL OCCUP	ATION most of working	16b. KIND	OF BUSINESS/INC	USTRY	
o le	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)					
the hospit detached once.	COMPL	12 VYS  17. FATHER'S NAME (First, Middle, Last)		Tra	nspor	tation	Engine			ryland	l
by the	ECC	Alfred Hollis Mu	verenza Cae					NAME (First, Middle		,	
5 should	00	19a. INFORMANT'S NAME (Type/Print)	LLay, SL.	191	b. MAILING	ADDRESS (Stre	Levir		ly or Town, State, Zie	Code	
e 5 sl	5	Mrs. Marie B. Mur	rav				ges Road				1 21210
may be		20a, METHOD OF DISPOSITION 1   Burial 2   Cremation 3   Remove	201	PLACE	AND DATE O	FDISPOSITION	(Name of	CATE	20c LOCATION	City or Town	Otata
age 6 ma director, p		4 Donation 5 Other (Specify)	D	ulan	ey Va	lley M	lem. Grdr	s. 9/18	Timonium	n, Mar	yland
hours after death. Page 6 may be retained by the ed in by the funeral director, page 5 should be dettor remonal.  medical examiner must be notified at ont		21. SIGNATURE OF FUNERAL SERVICE LICEN	YSEE			Mit	chell-Wi	edefeld	Home		
rs after d to the tremoval.		23. PART I. Enter the diseases, or con	Marie	446-4-	-45 0-	650	O York F	Road, Bal	timore.	Mary]	and 21212
F 10 F		IMMEDIATE CAUSE (Finsi disease or condition	st only one cause on e	ach line	).					rest,	Approximata interval Between Onset and Death
		IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions.  Discharacted cardiomy opathy  Due to (or as a consequence of):  Is chemic heart disease									
	2	Sequentially list conditions,	Isch	en	12	hear	t d	sease			
	ATI	If any, leading to immediate cause. Enter UNDERLYING									
certificat ding phy tygiene p	RTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
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that that	MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.							AV CC	ERE AUTOPSY FINOINGS AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
e law requires has been sign Dept. of Heal		DID TOBACCO USE CONTRI	BUTE TO CAUSE C	F DEA	TH YES	S ☑ NO	☐ UNCERTA	AIN 🗆		11	YES 2 NO
N: The law icate has State Dep Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC		H (Check only o	ne)				
SICIAN: The certificate the State	YSI	1 YES 2 NO	☐ Inpetient 2 ☐ ER/Out	patient 3		OTHER: 4 Mursing F	ome 5 🗆 Residen	ce 6 🗆 Other (Spe	cify)		
DING PHYSIC After this ce death with t marked,	ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		28b. TIME INJU	RY	NJURY AT WORK?  YES 2 NO	28d. DESCRIB	E HOW INJURY OC	CURED	
OR ATTENDIN DIRECTOR: Af hours after de Item 28 Is I	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe.	( — At hor	me, ferm, at	reet, factory, o	ffica	261. LOCATION City or Tow	(Street and Number n, State)	or Rural Rout	e Number,
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours TANT: If Item	COMPLE		NN: To the best of my know On the basis of axaminatio								nd menner as stated.
TO THE HOSPI TO THE FUNE TO THE WITHIN	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	Sto -				29c. LICENSE N		29d. DAT	E SIGNED (M	orith, Day, Year)
E E B B B B B B B B B B B B B B B B B B	0 8	Howard	grene				D 3	8403	•	9-1	4-95

PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

M.D.

M.D., 5601 Loch Raven Blvd., Suite 512, Baltimore, MD 21239 DHMH-16 Rev 1/89

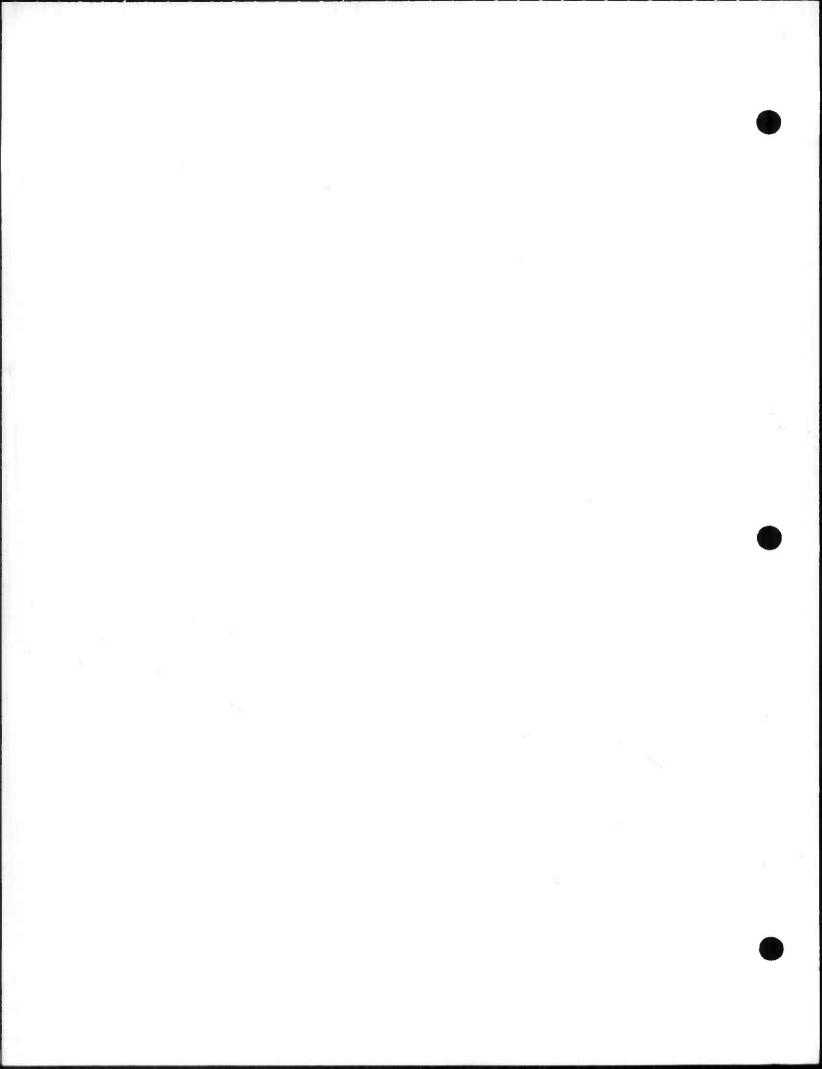


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Control of the property of the	BALLIMORE, MARTLAND ZIZIS-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should novel.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF	FDEATH	REG NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (FIRE, MIXIN, Last)				DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	manor	ie The	meen			SEPTEMBER	17	1995 1, 15 p. 1
	A. SOCIAL SECURITY NUMBER	5. BEX 9. AGE (I	The second second	MASY 7 HISOMU	IF UNDER 24 HTS.	7. DATE OF BIRTH		6. BISTTHPLACE (Stress or Foreign
	579-36-3211	1	66 YRS	TYRE DAYS	HOURS MIK.	march 7,	-	
DIRECTOR	Union Memorial Abapital Baltimon City N/A							
JIRE	Maryland Bal	timore	100000000000000000000000000000000000000	rbutus				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE	1.	the City	1 TYES 2 HO
FUNERAL	5415 Highridge		1 ***	21227			ted States	
BY FUN	t1. MARITAL STATUS  t Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe	ENDENT OF NISPA city Cuban, Mexico 2. NO Specif	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No — 14. RACE — American Indian, Black, White, atc. Specify:	
	15. DECEDENT'S EDUCA	16a, OECEDENT'S USU	AL OCCUPATIO	A1			white	
COMPLETED	(Specify only highest grade co	(Give kind of work life. Do NOT use ret	done during mos	at of working	16b. KIND OF BUS	INESS/IND	PUSTRY	
2	Elementary/Secondary (0-12)		nomemaker			home		
<b>∑</b>	17, FATHER'S NAME (First, Middle, Lest)		Homeman		16. MOTNER'S NA	AME (First, Middle, Maiden		
	Theodore P. Mil	1er				A. Husem		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street or		Route Number, City or Town		Code) 21227
5	Charles P. Moon	ey						, Maryland
	20e. METHOD OF DISPOSITION 1		PLACE AND OATE OF DI	SPOSITION (Nat				City or Town, State
- 1	4 DOORSTON 5 Other (Specify)	Me	tro Crep		D ADDRESS OF FA	9/21 Cat	onsy	ille.Marylan
	1 10 7		()			eral Home	e	Arbutus
	tell !	Te	-3-	1328	Sulphu	r Spring	Roa	d 21227
	23. PART I. Enter the diseases, or cor shock, or heart fellure. Lis	nplications that caused at only one cause on ea	the death. Do not e	enter the mod	le of dying, suc	h as cerdisc or respi	ratory err	est, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Myocan	dial (n)	farctic	$n \left(2r\right)$	nd)		Onset and Death
						1,0000	10000	ound) I day
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	COTONAL CONSEQUENCE OF):	y ai	rug a	wease (	_	ag
S	CAUSE (Disease or Injury	Acute	RESP. d	listres	s sym	drome.		day
H	that initiated events resulting in death) LAST	A			0			
Ä	d.	Acute	Anteruse	plax	MIT (1.	生)		I WK.
AL (	PART II. Other algoliticent conditions	contributing to deeth bu	it not resulting in th	e underlying	ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
						PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								OF DEATH?
ä	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF	DEATH YES	□ 00 □	UNCERTAIL	N D		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	10SPITAL:	6. PLACE OF DEATH (C					
YSI	t 🗆 YES 2 📝 NO	Inpatient 2 ER/Outpa		HER: Nursing Home	5 Residence	8 Other (Specify)		
PHYSICIAN:	27, MANNER OF DEATN  t Matural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF	IRY AT	28d. DESCRIBE HOW IN	JURY OCC	CURED
ВУ	2 Accident Investigation				ES 2 NO			
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— Al home, ferm, street	, fectory, office		28f. LOCATION (Street e. City or Town, Stete)	nd Number	or Rural Route Number,
Z.	290. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowle	doe death occurred at	the time date of	and place, and due	to the sound(s) and the		
COMPLET								e couse(s) and menner se stated,
	296. SIGNATURE AND TYPLE OF CERTIFIER				29c. LICENSE NUN			E SIGNED (Month, Day, Year)
BE (	3	- W	MD PG	4 111	PORI	149	D A	9.11219C
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Print		1 000	11.		111110
	ASAD, FARHA	tNA 20	IE UN	IVERS	ITI D	KWAY, F	SALA	TMORE MD 2121
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE				71.01	
	SEP1 91995 July	divderrad	Ц					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILED (Month, Day, Year)
SEP1 9 1995

•	ITEMS: 1.9a, 19b, PER F.H. FILM G-727	9/19/95	t.t			90	20100		
	1 - FOR STATE OF MARYL	AND / DEPAR	RTMENT OF H	EALTH AND I	MENTAL HYGIEN				
		NOR NOEL	- IOATE OF	DEATH	2. DATE OF OEATH		3. TIME OF DEATH	40	
	220 24 273/ 10 M2 XF 7	In yrs. last birthday) 7 YRS.	MONTHS DAVE MOUNTS MIN			7. DATÉ OF BIRTH (Month, Day, Year) 10/14/1917 (a. BIRTHPLACE Country) Mary			
TOR	Ane Arundel General Hospi	Annapo	PR LOCATION OF DE	EATH		e Arundel			
DIRECTOR	Maryland   10b. COUNTY   Maryland   Anne Arundel		timore		yn Park)		10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5229 Fourth Street,		101	21225		10g. CITIZEI	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 1 FORCES? 1 YES 1 F YES, GIVE WAR OR ON	2 X NO	13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Maylean, Plante Bleen, etc.)  14. RACE — Bleck, W.				RACE — American Indian, Black, White, etc. Specify: USA		
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	ON st of working	166. KIND OF BU						
BE COM	17. FATHER'S NAME (First, Middle, Last) Edward Hause	Homema	NC1	18. MOTHER'S NAI	Houswwife  18. MOTHER'S NAME (First, Middle, Melden Surneme)  Mary Mangum				
TO B	Mr. Robert K. Jones, Sr.	196. MAILING 261	ADDRESS (Street s Eighth S	nd Number or Flural F	Route Number, City or Tow	n, Stete, Zip Co	^(*) Id. <del>2122</del> 2112	22	
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 21. MIRATURE OF FUNERAL SERVICE LICENSEE Kevin E. Ecker 22. NAME AND ADDRESS OF FACILITY 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State congress, crematory or other place) CHY OF TOWN, State 20c. LOCATION — City or Town, State congress, crematory or other place) CHY OF TOWN, State 20c. LOCATION — City or Town, State congress, crematory or other place) CHY OF TOWN, State 20c. LOCATION — City or								
	Len E EL		McCu 237	11y Fune E. Patap	ral Home o	Balto.	. Md. 21225		
	23. PART i. Enter the diseases, or complications that caused shock, or heert failure. List only one cause on eximmediate CAUSE (Finel disease or condition resulting in death)  OUE TO (OR AS A	the death. Do nach line.	uptice	da of dying, suct	h as cardiac or reap	iratory arreat	Approximate interval Betwoen and De 24	reen	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE OF							
MEDICAL C	PART II. Other aignificent conditions contributing to death be	ut not resulting	in the underlying	g ceuse given in l	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
AN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE O	F DEATH YE		UNCERTAIN	10		1 TYES 2 NO		
PHYSICIAN:	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpetient 2 ER/Output		OTHER:	5 🗆 Residence	6 Other (Specify)				
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIM INJ	E OF URY WO	RK?	28d, OESCRIBE HOW I	NJURY OCCUR	ED		
	3 Suicide 8 Could not be 4 Homicide 8 Could not be detarmined 28e. PLACE OF INJURY building, stc. (Special Country of the coun	— At home, farm, s	street, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or i	Rural Route Number,		
COMPLETE	29s. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge of the best of my knowledge of the best of aximination one)						suse(a) and manner as stated	ı.	
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER  W	)		29c. LICENSE NUM D16	BER 3574	29d. DATE SI	GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA  E. W., CDCE MD  31. DATE FILED (Month, Dey, Year)  32. REGISTRAR'S SIGNA	900	Print) BES	TGAT	E An	NAV	Md 2140	37	

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Charles Andrigo

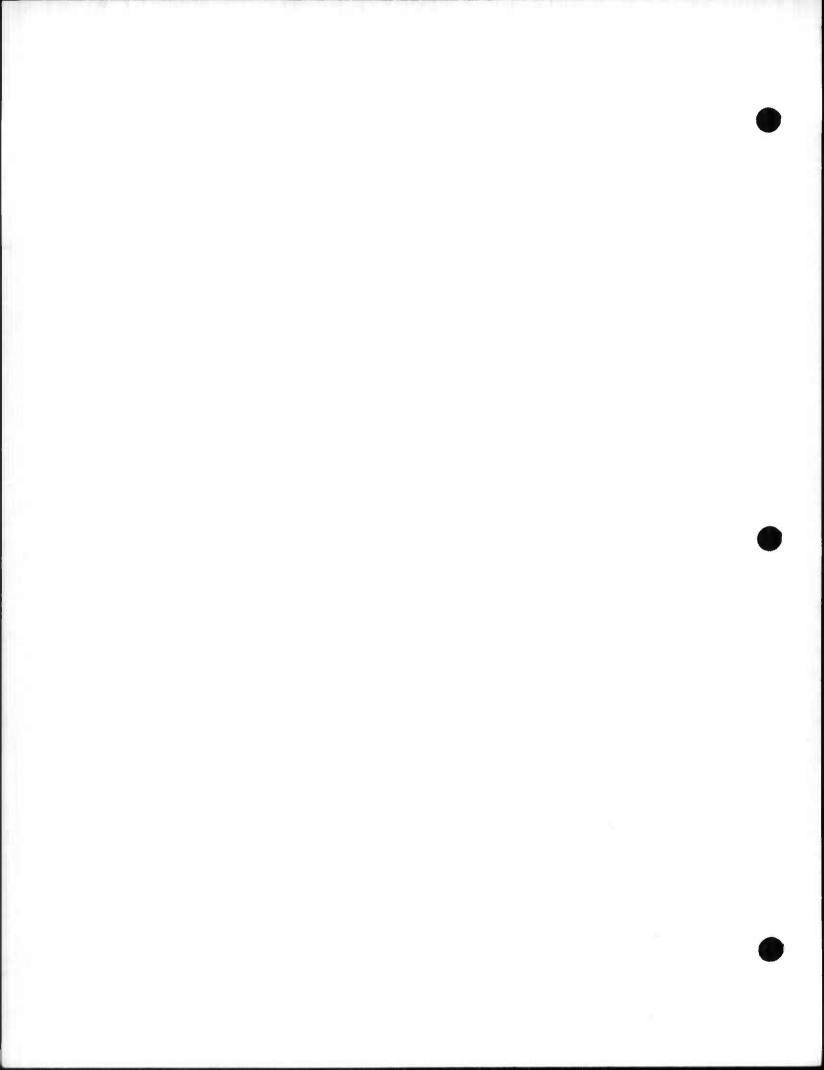
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

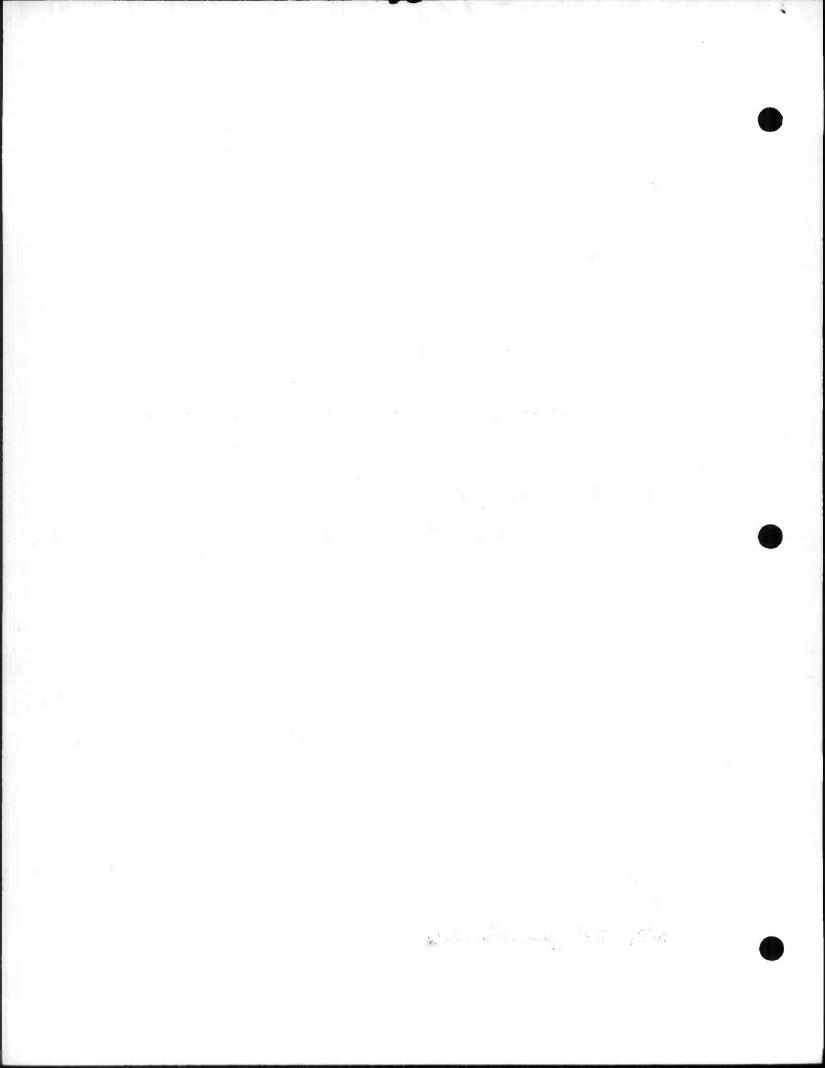
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTI			IENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	JOEL		]	PARKINS	ON	SEPTEMBER	16.1995	5:58A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRT	HPLACE (State or Foreign		
	586-09-2427	1 ½ M 2 □ F 38	3 YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year) Dec. 16,1	956 Wis			
	9a. FACILITY NAME (If not institution, give at	reet and number)	9	b. CITY, TOWN C	OR LOCATION OF DEA		9c. COUNTY OF			
DIRECTOR	THE JOHNS	ral	BALTI	MORE CIT	Y	N/A				
REC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION			10d. INSIDE CITY		
	Montana Caso	cade	Gr	eat Fa	alls			1 TES 2 NO		
FUNERAL	10. STREET AND NUMBER  13 Lake Flat La	3.70		15.0	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.		`	59404		U.S.			
	1 Never Married 2 Married	2 X NO	If yes, spi	ecify Cuban, Mexican	C ORIGIN? (Specify Yes Puerto Rican, etc.)	Blac	E American Indian, ik, Whita, etc.			
ВУ	3 Widowed 4 Divorced	S	1 TYES	2 NO Specify:		Spec	White			
	15. DECEDENT'S EDUC	CATION 18	a. DECEDENT'S US	UAL OCCUPATION	ON .	16b, KIND OF BUS				
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	done during mo stired.)	st of working			450		
P P		2	Plan	t Supe	ervisor	Feed	Compan	У		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden				
BE	Robert Evan Pa	ırkinson			Audrey	Jean Gr	roth			
2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town				
	Robert Parkinso	n	1918 S	econd.	Ave. N.	Great Fal	ls,Mon	tana 59401		
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 【X Cremation 3 ☐ Remo	oval from State 20b. PL	ACE AND DATE OF E	DISPOSITION (Na	me of	DATE 20c. LOC	CATION - City or To	own, State		
8 II	4 Donation 8 Other (Specify)	Gre	enmoun	Crem	atory 9/	18/1995	Baltim	ore, MD.		
	1///			Bruzo	D ADDRESS OF FACI Zinski	Funeral	Home P	.A.		
	June 1	may in		1407	Old East	ern Ave.	Balt.	MD. 21221		
	23 PART I. Enter the diseases or of shock, or heart fallure.	emplications that caused the	e death. Do not	enter the mo	de of dying, such	as cardiac or respli	ratory arrest,	Approximata Interval Between		
	IMMEDIATE CAUSE (Final							Onset and Death		
	disease or condition resulting in death)	HYPO	DXIA					10 min		
		DUE TO (OR AS A CO		01/51	65 50	1		0		
o	Sequentially list conditions,  METASTATIC DISEASE TO LUNGS 8 m/h  Due to (or as a consequence of):									
¥.	if any, leading to immediate cause. Enter UNDERLYING	MALIGN		EIRP!	nuc His	TIOCYTO	MA			
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO		1000	703 112	,,00,,0	. , / / /			
CERTIFICATION	resulting in death) LAST	ı								
	PART II. Other significant conditions	contribution to death but	and simulation by A							
PHYSICIAN: MEDICAL	HYPERTE		not resulting in t	ne underlying	cause given in P	art I. 24a. WAS AN / PERFORI		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	119100101	02.07				1 TYES 2	X) NO	OF DEATH?		
Σ	DID TOBACCO USE CONTR	DIDLITE TO CALICE OF I	DEATH VEC		LINICEDTAIN	) Total		1 TES 2 ND		
AN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (		UNCERTAIN	الكر				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	0	THER:	• • • • • • •					
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O		9 5 ☐ Residence 6	28d. DESCRIBE HOW IN	LIURY OCCURED			
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJURY	M 1 Y	RK?					
	2 Accident Investigation 3 Suicide 6 Could not be	280. PLACE OF INJURY -	At home, farm, stree	H, factory, office		28f. LOCATION (Street at	nd Number or Rural i	Route Number,		
	4 Homicide determined	building, atc. (Specify)				City or Town, State)				
COMPLETED	290. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my knowledg	e, death occurred a	t the time, date	end place, and due to	the cause(s) and man	her as stated			
MO		R: Dn the beals of examination an						a) and manner as stated,		
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMB		29d. DATE SIGNED			
) BE	Mamon	H. BHUS		MD	L 22		▶ 9/10	5/95		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pris	1()			1/10	110		
	H. BHUSHAN			NS F	HOSPI"	TAL				
	SEP 1 9 1995	22 REGISTRAR'S SIGNATUR	AF.							



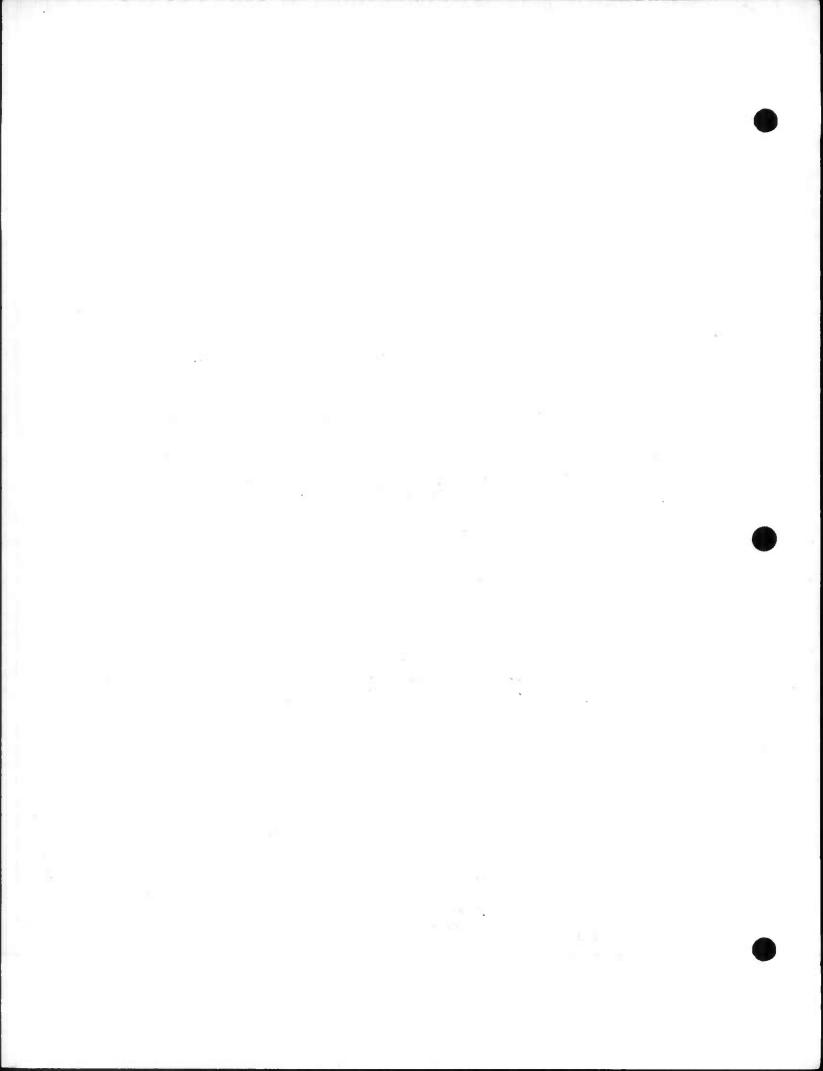
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		REGISTRAR			HILICALE	OF DEATH	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	н
		Beatrice Mar	y Pelle	tion				1005	EAR	
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birt				, 1995		
					MONTHS	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or For Country)	wign
Ð		019-22-8374	1 □ M 2 XXF	65 Y	RS.		(Month, Day, Year) 6-5-1930	7	ermont	
3 should		Be. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, T	OWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH	
	E	6/05 Orly Iana				I aux a 1		D.	dans Cooms	_
6	ECTOR	6405 Orly Lane Laurel Prince Geo								
S.		10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.								
Pages	DIR	W 1- 1 D	6			LOCATION			10d. INSIDE CITY LIMITS?	
崔			nce George		Laurel				1 TES 2 XX	10
permit.	ERAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
asi.	E	6405 Orly Lane				20707		USA		
-0020 ing physician. the burlal-transit	FUNI	11, MARITAL STATUS	12. WAS DECEDENT EV	VED IN U.S. ADMED	12 140	S DECENDENT OF HISPA	WC 0810W8 49 41 41			
Se sis		1 Never Married 2 Merried	FORCES? 1	YES 2 100	H y	es, specify Cuban, Mexico	in, Puerto Rican, etc.)	or No- 14	RACE — American Indian Black, White, etc.	n,
00 5 5	₩	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 0	YES 2 NO Specif	y:		Specify:	
215-0( attending	ا م ا	A .							White	
	ETE	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDI	ENT'S USUAL OCC	JPATION	16b. KIND OF BU	SINESS/INDUS	TRY	
21 pg ag 21	iu	Elementary/Secondary (8-12)	College (1-4 or 5+)	life. Do I	nd of work done dur VOT use retired.)	ng most or working				
a g o	립	12	0	Sec	retary		U.S.	Govern	ment	
AND the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)								_
A the be det	0				the state of the s	ME (First, Middle, Maiden				
4 P P P	8	Caesare Cardinal	1			Aurel	ia Mazzant	1		
MARYL retained by ti 5 should be a		19e. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRESS (S	(Street and Number or Rural Route Number, City or Town, State, Zip Code)				
5 s of	유	Mary Catherine M	cWhorter			erry Road	Clarksvi			
BALTIMORE, hours after death. Page 6 may be ed in by the funeral director, page or removal. medical examiner must be i	1 1									
OR May sector, p		20e METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE AND D	OATE OF DISPOSITI	ON (Name of	DATE 20c. LO	CATION — City	or Town, State	
le 6		4 Donation 5 Other (Specify)		Arlingt	on Natl	. Cemetery	9-20-95	rlingt	on, VA	
ALTIMOR death. Page 6 ma funeral director, p. d. examiner must		21. SIGNATURE OF SUNERAL SERVICE LIN	CENCEE	0		ME AND ADDRESS OF FA				
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BA ter de fu the fu the fu		X OX OXX	OLIVAL	WI		Ol Sandy Sp			, MD 2070	7
B. after n by the removal.		23. PART I. Enter the diseeses, or	complications that of	used the death.	Do not enter th	e mode of dylan auc	h as cardiac or mani	retory arrest	Approximat	-
hours after od in by the or remova		/ahock, or heart fallure.	Liet only one cause	on each line.		o mono or cymig, ado	aa cararac or reap	ratory arrest	interval Bet	
filled on o	1 1									
		disease or condition resulting in death)  a. Metastatic Breast Caucer  3/2 yrs								
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	ERTIFICATION	Sequentielly list conditions,	b. DUE TO (OR	AS A CONSTOURN	or on					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law red TO THE FUNEPAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of HMPORTANT: If Nem 28 is marked, or Item 23 shu	COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpatient 2 ER  28s. DATE OF INJ  (Month, Day, W  28s. PLACE OF IN building, etc.  CIAN: To the best of my  Bon the besis of examination	28. PLACE OF /Outpatient 3 □ D URY ber) 28t (Specify) 28t knowledge, deeth o- nation end/or invest	DEATH (Check only OA 4 Nursing OA 1 Nursing	one)  p Home 5 Residence c INJURY AT WORK?  YES 2 NO office  dete end place, end due fon, death occured at the	6 Other (Specify)  28d. DESCRIBE HOW is  28f. LOCATION (Street a City or fown, State)  to the cause(e) and mar time, date and place, an	njury occur and Number or I	DF DEATH?  1 □ YES 2 M NO  ED  Lural Route Number,	
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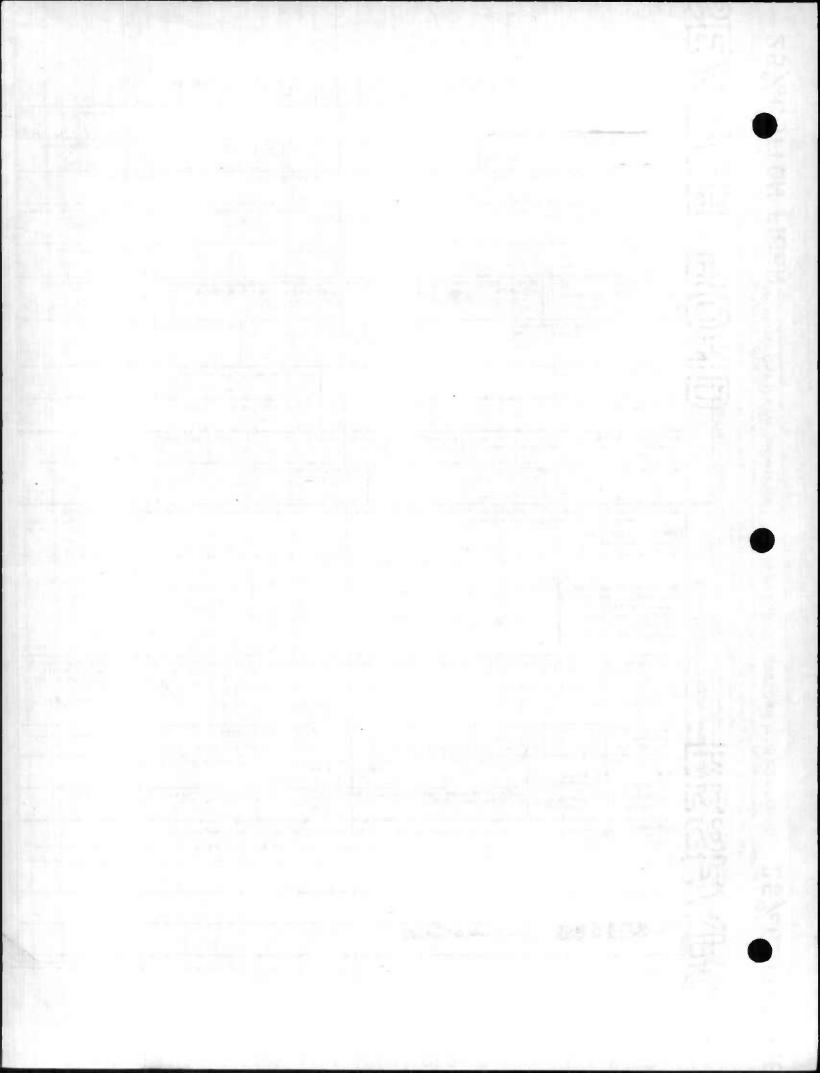
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		REGISTRAR		CERT	IFICATE (	OF DEATH	REG. NO	).	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
		JOSE A	NGEL PAL	ANCAR					/EAR
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthd	ay) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	September 1		BIRTNPLACE (State or Foreign
		262 74 0440		YR	MONTHS D	AYS HOURS MIN.	(Month, Day, Year)		Country)
용		262-74-9449		1100			<u> ISeptember</u> :	3.1907	Cuba
pinoris	m	9e. FACILITY NAME (If not institution, give st	reet and number)		96. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH
જેં	DIRECTOR	Manor Care Rux	ton		To	wson		Bal	timore
	ប្ល	10e. STATE 10b. COUNTY		- 10					
Pages	<u>E</u>			10c.	CITY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
£		Maryland	N/A		Bal	timore			1 X YES 2 NO
permit.	¥	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
ı. Insit	FUNERAL	620 Harwood Aver	าบค			21212			USA
UZU physician. burial-transit	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.Ş. ARMED	13. WAS		NIC ORIGIN? (Specify Ye	s or No — 14	. RACE — American Indien.
Phy buri		1 Never Married 2 Merried	FORCES? 1 YES	2 X XNO	ll y	s, specify Cuben, Maxic YES 2 NO Speci	an, Puerlo Rican, etc.)		Black, White, etc.
P g a	l Mar	3 Widowed 4 Divorced	ii izo, dite iini on b	AIEG	'^	TES 2   NO Speci	"Cuban	- 1	Specify: White
attending physics as the burial		15. DECEDENT'S EDUC		18s. OECEDEN	T'S USUAL OCCU	IPATION	16b. KINO OF BU	ISINESS/INDI IS	
or att	E	(Specify only highest grade		(Give kind life, Do NO	of work done during use retired.)	ng most of working	105, 1010 07 00	31142337114003	II N
pital N	급	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+				Mod	ion 1	
AND he hospid detached once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)	34	Surg	eon			ical	
t gar	8						AME (First, Middle, Maiden		
id be	띪	Pacual Palanca				Manue	la Quintan	a	
retained by the 5 should be of notified at a	2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
, <b>V</b>	-	Isabel Palancar S	Sainz	2419	Lakewo	od Road Ba	ltimore, M	larylan	d 21234
NE, MARYLAND 21 may be retained by the hospital or or, page 5 should be detached for u st be notified at once.	1 1	20g, METNOD OF DISPOSITION	201	PLACEAND DA	TE OF DISPOSITIO	N (Neme of			y or Town, State
7 9 5	Ιi	1 D Burlai 2 Cremation 3 Ramo	oval from State Cer	netery, crematory	or other plece)	al Park	0/10 Ba	1+imon	e, Maryland
Page of direct in direct in the re-		21. SMINATURE OF FUNERAL BERNICE LIC	ENDER /	1		ME AND ADDRESS OF F	ACILITY	TCTIIIOT	e. Marylanu
bALIIN after death. Pag y the funeral di moval. cal examiner		In Mar Ala	11.115.1	h		6	500 York R	oad Ba	ltimore Md
		ALIVING XHA	willna	12	Mit	chell-Wied	efeld Home		21212
a € 5 €		23. PART i. Entar the diseases for c	omplications that cause	d tha death. D	o not anter the	mode of dying, aud	ch as cardiac or reap	iratory arres	t, Approximate
		shock, or heart fallure. I	List mily one cause on a	ach lina.					interval Batwean Onset and Dasth
E 8 E	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								Chaet and Daath
ted withir completely ial, cremati, t									
D 5 - 6	_		Pa	- /- /	. Or j.	stula			
observed to be executed sician and committee to burial, traumatic executed to burial, traumatic executed to be significant.	8	Sequentially list conditions, DUE TO OR AS A CONSEQUENCE OF							
rate pe	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
	);	CAUSE (Disease or injury	DUE TO COR AS						
	Ē	that initiated events requiting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	: OF):				
나 도 등 는 이	CER					·			
the death y the attend of Mental		PART II. Other algnificant conditions	contributing to death b	ut not resultin	o in the under	riving cause given in	Part i. 24a. WAS AN	LAUTOREY	DAL HERE AUTOROV THIRINGS
T do t	8	5 troke	~ (/	_	000	ying cadao given ii	PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
	1 YES 2 INO OF DE								OF DEATH?
requir sen si of He									1 TES 2 NO
be law requested begin of 1	AN:	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	F DEATH	YES   NO	UNCERTAI	N 🗆		
	Y.	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)							
SICIAN: The certificate It the State It or item	SICI	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 DO/	OTHER!	Homa 5 Raeldence	8 Other (Specific)		
PHYSICIAN: this certifica with the St.	숲	27. MANNER OF DEATN	28e. DATE OF INJURY		TIME OF 28	:. INJURY AT	28d. DESCRIBE NOW	INJURY OCCUR	RED
NG PHYS fter this ceath with marked	0	1 Natural 5 Pending	(Month, Day, Year)		INJURY	WORK?	Zod. DEGONIBE NOW	Maoni occor	ieu
ATTENDING I ECTOR: After s after death	B	2 Accident Investigation	28s. PLACE OF INJURY	At home de-					
TTEND TOR: /	G	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	— At nome, ten	m, atreet, factory,	Offica	281. LOCATION (Street City or Town, State)		Rurai Routa Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	L								•
	MPL	29a. CERTIFIER (Check only	CIAN: To the beet of my know	ledge, daeth occ	urred at the fime,	data end placa, end due	to the cause(e) and me	nner se stated.	
HOSPITAL FUNERAL within 72 TANT: If	8								euse(s) and menner as stated.
HOSPIT FUNER WITHIN	8	29b. SIGNATURE AND TITLE OF CENTIFIER			-/-	29c. LICENSE NU			
물 물을 통	H	32 12			.57	070	773	29d. DATE SI	GNED/MOHIN, DHE YEAR)
2 6 3 ₹	2	30 NAME AND ADDRESS OF BERNEY	COMPLETED STATE			027	110	1	110/1
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	Į,			Luce	-1010	_ //	3//00	n'c	1 to Ther will
7		31. DAIL D Wonth 901995	ALL 32 WEBS ABOUT	A REAL		-			ng
		0							



BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Lat	D	Harba	art Wil	liam P	atore	Ir	2. DATE OF MONTH	DEATH	AY	YEAR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. 9EX		s. last birthday)	IF UNDER 1 YEA		R 24 HRS.	56PT	BIRTH		8. BIRTHPLACE	1:10
	215-28-9092	1 🛛 M 2 🗆 F	62	YRS.	MONTHS DAY		MIN.	(Month, D	lay, Year)		Country)	
1	9e. FACILITY NAME (If not institution, give	re etreet and number)	1 02		9b. CITY, TOW	96. CITY, TOWN OR LOCATION OF DEATH						
S.	Johns Hopkins	Rauview M	edical	Ctn.	Rak	timor	o Ci	tu		A	I/A	
5	RESIDENCE OF DECEDENT											
DIRECTOR	Maryland	N/A		100, 011	10c. CITY, TOWN OR LOCATION					more City 10d. INSIDE C		
	10e. STREET AND NUMBER	IN/PA				101. ZIP COI	_	MINOTE	chy	1 DX YES 2 1		
FUNERAL	3423 East Balti	mare Stro	ot				212	24			ted Sta	
S	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.		13. WAS (	DECENDENT	OF HISPAI	NIC ORIGIN? (	Specify Yes		14. RACE - An	pericen Indian
BY F	1 Never Married 2 Wherried 3 Wildowed 4 Divorced		1 YES 2)			specify Cub		n, Puerto Rici y:	en, etc.)		Black, White Specify:	
ED B												White
ETE	15. DECEDENT'S E (Specify only highest gr	ede completed)	-	(Give kind of a life. Do NOT us	USUAL OCCUPA work done during se retired.)	most of work	ing	16b. KI	IND OF BUS	SINESS/INOL	JSTRY	
COMPLE	Elementary/Secondary (0-12) 7 Years	College (1-4 or 5	(+)		nbler			A	ito T	ndust	hu	
OM	17. FATHER'S NAME (First, Middle, Last)			70000	nocet	16. MO	THER'S NA	ME (First, Mide			reg	
ш	Herbert Willia	m Peters.	Sr.			]	lurin	a Alic	e. Lu	cas		
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre						Code)	
F	Linda Phahh Ma	ichrzak		824	Jaydee	Avenu	10 D	undal	b. Ma	rulan	d 2122	2
	20e. METHOD OF DISPOSITION		20b. PLA		OF DISPOSITION			DATE	_		Sity or Town, St	
	1 Donation 5 Other (Specify)	emoval from State	cametary,	b Taum	cemete	hii	9/18	195			re, Ma	
	21. SIGNATURE OF FUNESIAL BERVICE	LICENSKE	- I our	IC Lawre	22. NAME				Du	LLUII0	The Min	rigitaria
1	1	11 / 1				AND ADDR		CILITY				
	Duda-Ruck Funeral Home of Dundalk, Inc.											
	7922 Wise Ave. Dundalk, Maryl 23: PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,								Dunda	ek. N	larylan	
	23/ PART I. Enter the diseases, or heart failur	or complications the	et coused the	e deeth. Do r	Du 79	ida-Ru 122 Wi	ick F se A	uneral	Dunda	ek. N	larylan	d 212
	iMMEDIATE CAUSE (Fine)	re. List only one ca	use on each	line.	Du 79	ida-Ru 122 Wi mode of di	se A	uneral	Dunda c or reepi	Lk, N	larylan	d 212 Approximete Interval Betw
	ahock, or heart fallur	re. List only one ca	use on each	line.	Du 79	ida-Ru 122 Wi mode of di	se A	uneral	Dunda c or reepi	Lk, N	larylan	d 212 Approximate Interval Betw
	ahock, or heart failur iMMEDIATE CAUSE (Fine) disease or condition	re. List only one ca	et coused the	line.	Di 70 not enter the	ida-Ru 122 Wi mode of dy	ick F se A ying, suc	uneral	Dunda c or reepi	Lk, N	larylan	d 212 Approximate Interval Bety
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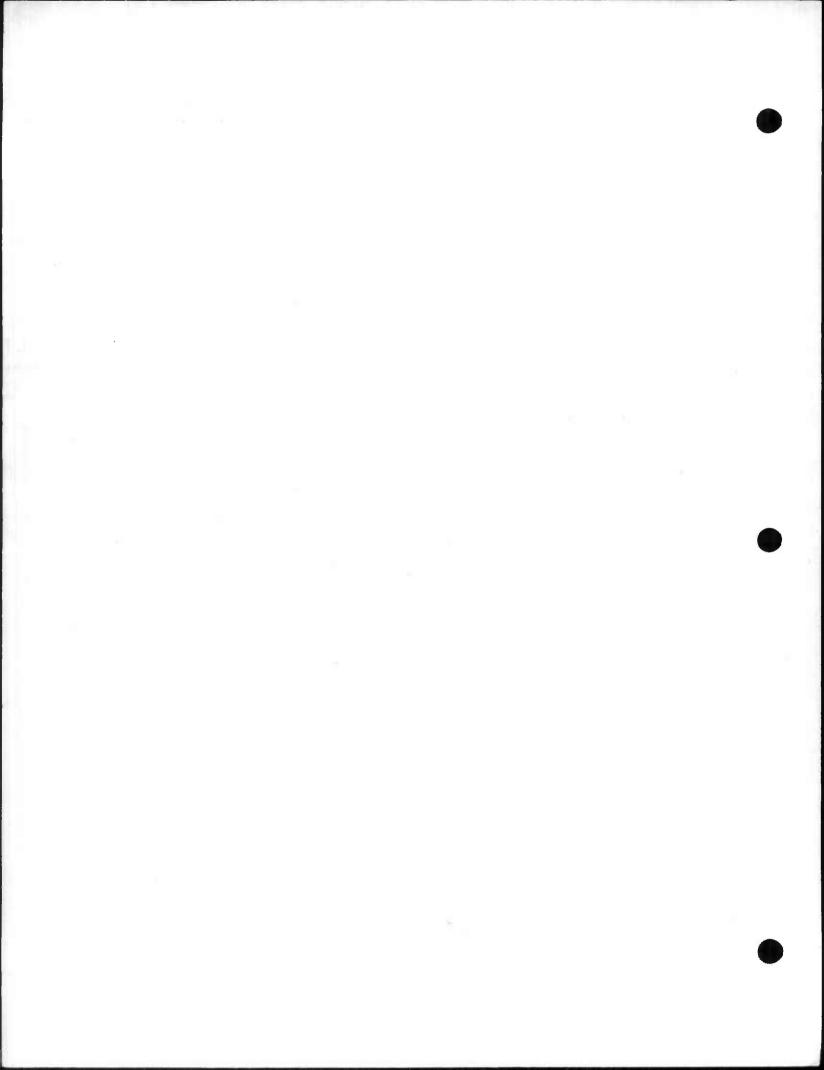
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Leat)  JAMES H. S	STEVENSON				2, DATE OF DEATH MONTH DA	AY 10	3. TIME OF DEATH	
		S. SEX B. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	SEPTEMBER 7. DATE OF BIRTH		95 3:00 Rt . BIRTHPLACE (State or Foreign	
	214-38-1189 1 9e. FACILITY NAME (If not institution, give stree	1 ⊠ M 2 □ F 55	YRS.	ONTHS DAYS	HOURS MIN.	MAR. 26, 19			
OR	THE JOHNS HOPKINS				MORE CIT		9c. COUNTY	n/a	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY	
		n/a		BALTI				1 AYES 2 NO	
FUNERAL	1718 N. REGESTE	ER ST.,		101.	21213	3	10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
BY	11. MARITAL STATUS 1 X yever Married 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	ARMED ()(40	If yes, spe	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)	TION 18e.  mpleted)  College (1-4 or 5 +)	DECEDENT'S US (Give kind of world) life, Do NOT use	BUAL OCCUPATION done during mos retired.)	N st of working	16b. KIND OF BUS		ROBINSON	
MPL	9 th		LABORE	R		A	SPHALT		
BE CC	RUTH STEVEN	1SON			16. MOTHER'S NA	ME (First, Middle, Meiden CE WOODA			
10	190. INFORMANT'S NAME (Type/Print)  MARY A. EVA	ANS	196. MAILING A 1718		nd Number or Rurel GESTER	Acute Number, City or Town			
	29a. METHOD OF DISPOSITION X(X Burlel 2 ☐ Cremetton 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)	il from State 20b. PLAC	EANDDATE OF	DISPOSITION (National Place)				or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			-	D ADDRESS OF FA		LITION	L, MARTEAND	
	X. Valen	cea Hol	lanx			CH FH1101			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intileted events	DUE TO (OR AS A CONS	SEQUENCE OF):			who we	ratory arraet	Approximate Interval Between Onset and Death  12 hours  1 year	
CER	resulting in desth) LAST								
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions of					Part I. 24a, WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
AN:	DID TOBACCO USE CONTRIB		ATH YES		UNCERTAI	N 🗆			
YSIC	EXAMINER?  1 YES 2 NO	OSPITAL: inpatient 2 - ER/Outpatient		THER:	5 Residence	8 ☐ Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (NJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJU	RK?	26d. DESCRIBE HOW IN	JURY OCCUR	ED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, stc. (Specify)	home, ferm, stre	et, factory, office		281. LOCATION (Street e City or Town, Stete)	nd Number or R	iural Route Number,	
COMPLETED		N: To the best of my knowledge,							
BE CO	240. MONATURE AND YEAR OF CERTIFIER	On the besis of examination end/o	(;)	in my opinion, de	29c, LICENSE NUI	ABER	29d. DATE SIG	GNED (Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO CO					3219		tember 15/95	
		PERT POH	W. HO	PKINS	HOSPIT,	AL BALT	TOR	IE, MO	
	2ELT 21222								



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STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AIG TUOT 4:00 P. M AWRENCE retember 995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS -12-7991 DAYS HOURS 1 MM 2 F YRS. ovenber MARYL Pages 1, 2, 3 should NAME (If not institution, give str 96. CITY, TOWN OR LOCATION OF DEATH Aune Are Arunde NORTH Aruno Annder DIRECTOR 6/en TOSP. 120 DUTNIE 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland permit. Anne Arundel Severna Park 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 100 Cedar Rd. 21146 U.S.A. nours after death, Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1943 to 1945 spectly: White BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION

(Given kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade live kind of work done Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Machinist Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) at BE William Stout Annabelle - Stout notified 19a. INFORMANT'S NAME (Type/Print, 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Linda Sparkman 100 Cedar Rd. Severna Park, Maryland 21146 Pe 20a. METHOD OF DISPOSITION
1 CyBurlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 4 Donation 6 Other (Specify) Haven Mem. Park Sept. 13, 1995 Glen Burnie, Md. examiner 21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home 3204 Mountain Rd. Pasadena, Md. 21122 completely filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximats Interval Between 6 IMMEDIATE CAUSE (Finel Onset and Death the cremation. disease or condition ASBESTOSIS ULMONARY event, resulting in death) the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): PHELMONIA attending physician and cormal Hygiene prior to burial, traumatic CERTIFICATION Sequentisity list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury ACCIDENT EREBROVASCULAR other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 been signed by the attent pt. of Health and Mental H shows any Injury, or PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE requires that 1 TES 2 NO OF DEATH? 1 _ YES 2 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: OR ATTENDING PHYSICIAN: The law has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate in the State HOSPITAL:
1 Pinpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, with w 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death was BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 69 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be 4 Homicide 28 Tell 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. COMPL TO THE HOSPITAL O TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If IN (Check only one) 2 __ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE hin 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Yal D 46962 DSEPTEMBER 9,1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. SHIRAZI, MD. HOUSE STAFF PHYSICIAN. NORTH ARUNDEL HOSPITAL. 31. DATE FILED (Month, Day, Year) SEP1 9 1995 3. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Sa. FACILITY NAME (If not institution, give street and number)

213th St.

10b. COUNTY

4. SOCIAL SECURITY NUMBER

217-26-7888

714

10a, STATE

Maryland

11. MARITAL STATUS

10e. STREET AND NUMBER

RESIDENCE OF DECEDENT

DIRECTOR

UNERAL

Pages 1, 2, 3

permit.

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RECORDS, P.O. BOX 6876	law requires that the death certificate be exe
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AL	ATTENDING PHYSICIAN: The law
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Shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  I any, leading to immediate cause. Enter UNDERLYNO CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  COURT (DISEASE OF INJURY THAT III. Other alignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other alignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  1 YES 2 NO  1 YES 2 NO  26. DESCRIBE HOW INJURY OCCURED  WORKY  27. MANNER OF OCATY  28b. DETECT OF INJURY AT NOTHER:  28c. CERTIFIER  28c. CERTIFI	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR		S NO		pecify Cuban, Maxican, 3 2 NO Specify:	, Puerto Rican, etc.)		y: White	
DEPENDENCY (Part ) College (14 or 5.) Homemaker  Gustanis Frederick Johnson  IT. FATHER'S HAME (Post, Modile, Last)  Gustanis Frederick Johnson  Wary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  Mary Frances Blottenberger  18. MOTHER'S HAME (Post, Modile, Assination)  19. Modile, State of Modile, Last (Post, Modile, Assination)  19. Modile, State of Modile, Last (Post, Modile, Assination)  19. Modile, State of Modile, Last (Post, Modile, Assination)  19. Modile, State (Post, Modile, Last (Post, Modile, Assination)  19. Modile, State (Post, Modile, Last (Post, Modile, Assination)  20. PART I. Effect the diseases, or complications that caused the death. Do not enter the mode of dyring, ascin as cardiac or respiratory arrest, indicated and modile assination of Modile, Modile, State (Post, Modile, State	8	15. DECEDENT'S EOI	JCATION a completed)	16	a. DECEDENT'S USU	AL OCCUPATI	ON pet of working	16b. KIND OF BUSINESS/INDUSTRY			
The personnel state properties and the personnel state personn	IPLET	Elementary/Secondary (0-12)	The second secon		Iffe. Do NOT use retired.)		ost or worning				
Beyon by Kinder  100 1											
20. METION OF DISPOSITION (Name of Content o					19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
22. PART I. Enfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval a shock, or heart failure. List only one cause on each line.  23. PART I. Enfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval as shock, or heart failure. List only one cause on each line.  24. PART II. Enfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval as shock, or heart failure. List only one cause on each line.  25. PART II. Enfer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval as a cardiac or respiratory arres		29a. METHOD OF DISPOSITION		cemete	ACE AND DATE OF DIS	SPOSITION (N	ame of	OATE 20c. LOCATIO	ON — City of To		
INMEDIATE CAUSE (Finel disease or condition)  The condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE			CENSEE SHAM	M	Par Hill	22. NAME A	ND ADDRESS OF FAC	ral Home			
That initiated events resulting in death) LAST    A.		shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition	a. DUE TO (OF	on each	1 line.			1 15 D	y arrest,	Approximate interval Betwee Onset and Dea	
PART II. Other significant conditions contributing to death bull not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PREPORTED TO MEDICAL PROPERTY PERFORMED?  25b. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27b. MANNER OF OEATH  26c. DATE OF NAURY And 1 Norming Home 5 Anaddence 6 Other (Specify)  26c. TIME OF NAURY NORMING 1 VES 2 NO  27b. MANNER OF OEATH  26c. DATE OF NAURY AT NORMING 1 VES 2 NO  26c. LOCATION (Street and Number or Pural Route Number, City or Seen, State)  26c. Could not be determined  26c. Could not be determined  26c. CERTIFEIN CERTIFFING PHYSICIAN. To the beat of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.  27c. MANNER OF OEATH  27c. CERTIFFING PHYSICIAN. To the beat of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.  27c. CERTIFFING PHYSICIAN. To the beat of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.  27c. LICENSE NUMBER  27c. LICENSE N	RTIF	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):									
EXAMINER?  1 YES 2 NO  27. MANNER OF CEATU  28a. DATE OF INJURY  Accident  3 Sulcide  4 Homicide  4 Homicide  29a. CERTIFUNG	EDICAL C	PART II. Other algnificant condition	ns contributing to de	eath but	)		o couse given in F	PERFORMED	7	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
27. MANNER OF OEATY    Natural   5	$\bar{c}$	EXAMINER?	HOSPITAL:		ОТ	26. P	1.				
28a. PLACE OF INJURY — At home, farm, street, factory, office 3   Sulcide   S   Could not be detarmined   28a. PLACE OF INJURY — At home, farm, atreet, factory, office   28b. PLACE OF INJURY — At home, farm, atreet, factory, office   28c. Certifier   Check only one)   28c. Certifier   Check only one)   28c. MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  28c. LICENSE NUMBER   28c. LICENSE NUMBER   28c. LICENSE NUMBER   28d. DATE SIGNED (Month, Day, Year)   3   DATE FILED (Month, Day, Year)   3   Sulcide   S   Could not be detarmined   28c. LICENSE NUMBER   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28d. LOCATION (Street and Number or Rural Route N	РНУ	27. MANNER OF OEATH Natural 5 Pending	26a. DATE OF IN.	JURY	26b. TIME OF	28c, IN	JURY AT ORK?		Y OCCURED		
29a. CERTIFFIER (Check only one)  WEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  WEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30 NUMB AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF CATH (ITEM 27) (Type, Print)  31. DATE FILED (Month, Day, Year)  32. NEGUSTRAN'S SIGNATURE  SEP1 9 1995	E	2 Accident investigation 3 Suicide s Could not be 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. PLACE O							loute Number,		
Obj. 1 0 1999 Jan Wangar Property	BE COMPL	(Check only one) 2 MEDICAL EXAMIN  280. BIOMATURE AND TITLE OF CERTIFIED AND ADDRESS OF BONSON W	ER: On the basis of axen	os osati	I (ITEM 27) (Type, Print	my opinion,	death occured at the t	lme, data and place, and du	a fo the cause(a		
		SEP1 91995	Ali Dude	orke	dall		J			DHMH-16 Ray	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

Pasadena

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY TOWN OR LOCATION OF GEATH

101, ZIP CODE

21122

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-

DAYS

Pasadena

Evelyn Catherine Sterback

82

1 M 2 KF

Anne Arundel

213th St.

12. WAS DECEDENT EVER IN U.S. ARMED

8. AGE (In yrs. last birthday)

95 28112

9c. COUNTY OF DEATH

Anne Arundel

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. RACE — American Indian, Black, White, etc.

3. TIME OF DEATH

10d, INSIDE CITY LIMITS?

1 YES 2X NO

8. BIRTHPLACE (State or Foreign CountMaryland

12:10a.m. w

2. DATE OF DEATH

Sept. 13, 1995

7. DATE OF BIRTH May", 277 1913

DHMH-16 Ray 1/89

after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

6

YSICIAN. The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physician.	thin the speen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be San Beat of Hadith and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 has find within 72 hours after healt with the State Deat of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIENE BEG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) FERDINAND	VERNON		AFFRAN		2. DATE O	F DEATH	14 Ĭ		TIME OF DEATH 21:45P M
	4. SOCIAL SECURITY NUMBER 213-26-1593	1X M 2 □ F 65	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.		F BIRTH Day, Year)	0 1	IARYI	
TOR	98. FACILITY NAME (If not institution, give sti UNIVERSITY HO RESIDENCE OF DECEDENT			BALTI	MORE	EATH	da	9c. COUNTY		ORE CITY
DIRECTOR		IMORE CITY	10c. CIT		LTIMORE				1 2	LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 820 S. CATON AVEN	UE - APT-8-F		10	21229			10g. CITIZEN	S.A.	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	II yes, sp	endent of HisPan ecity Cuben, Mexican 2 XNO Specify	n, Puerto Ri	(Specify Yes can, etc.)		Black, Wh	American Indian, lita, atc. VHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 10TH GRADE	Cation completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	USUAL OCCUPATI work done during me se retired.)  DRIVER			KIND OF BUSI	RY	RY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) FERDINAND JOSEPH	SAFFRAN			16. MOTHER'S NAI	- 1	iddle, Maiden S IE OTT			
TO B	190. INFORMANT'S NAME (Type/Print) C. JEAN SAFFRAN				and Number or Rural F					ID 21061
	20a. METHOD OF DISPOSITION 1			OF DISPOSITION (N		9/1	8 TOW	SON	or Town,	Stata
	21. SIGNATURE OF FUNERAL BEHVICE U	al lolen	~		NO ADDRESS OF FA RD FUNERA WILKENS A				MD	21229
	IMMEDIATE CAUSE (Fine)	List only one cause on e	ach line.		ode ot dying, auc	h as cardi	ac or respir	atory arrest		Approximate Interval Batween Onset and Death
	disease or condition resulting in deeth)	DUE TO (OR AS A						-		
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE		2 m					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	OF):						
	PART II. Other significant condition	a contributing to death b	ut not resulting	In the underlying	g ceuse given in	Part I.	24a. WAS AN A PERFOR	MED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH Y	ES 🗆 NO 🛭	UNCERTAIN	N D	Hasa	ouy!	1 8	YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XYES 2 NO	HOSPITAL: 1X Inpetient 2 ER/Outp		OTHER: 4   Nursing Hot	ne 5 🗆 Rasidence	8 Other	(Specify)			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY W	JURY AT ORK? YES 2 NO	28d. OE\$	CRIBE HOW IN	JURY OCCUR	EO	
	3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, lactory, offi	De .		TION (Street e or Town, State)	nd Number or I	Rural Floute	Number,
COMPLETED	Check only	CIAN: To the best of my know							ouse(s) an	d menner as stated.
BE	29b. ADHATURE AND TITLE OF CERTIFIER	There			O.C.M		S			15 1995
임	30, NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) /7/0	o Print)						

PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

30. NAME AND ADDRESS

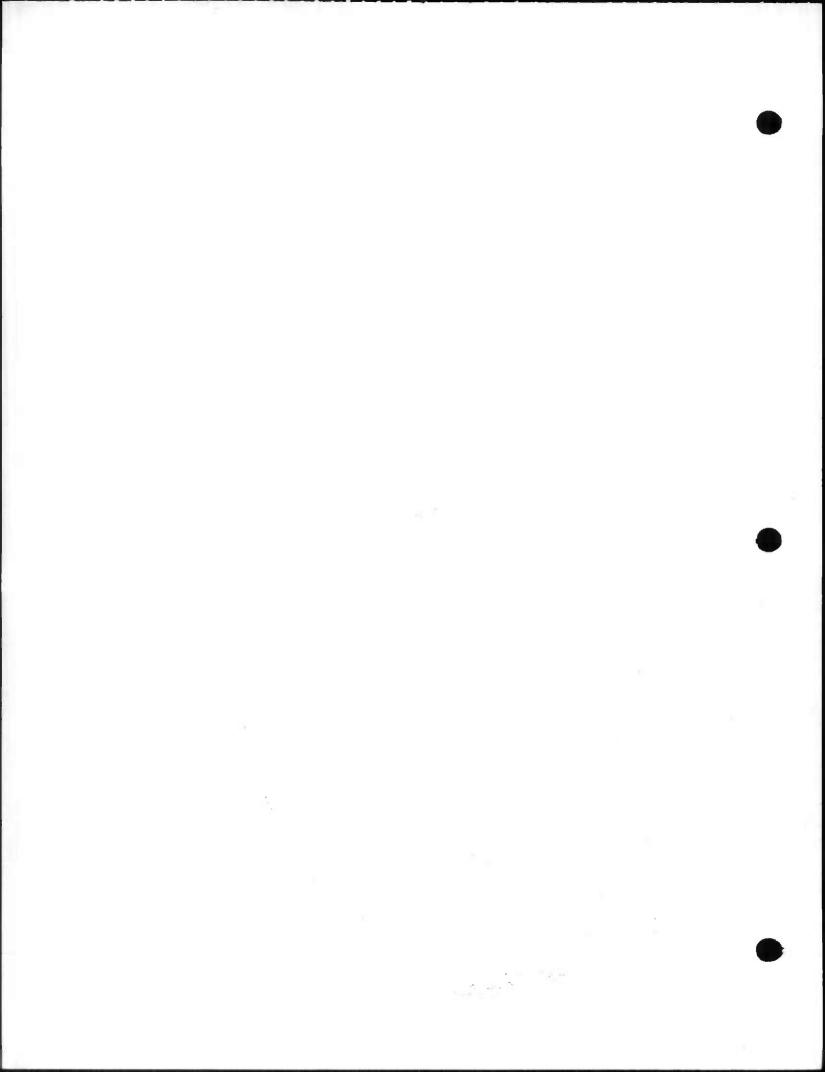
WALLY ON (1)

31. DAYE FILED (Month, Day, Year)

SFP1 91995

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi

	1 - FOR STATE OF STATE OF				HEALTH AND	MENTAL	HYGIEN	E		
1	1. DECEDENT'S NAME (First, Middle, Last)  MARGARE T		SEBE			2. DATE MONTH SEP	OF DEATH DA	199	3. 1	IME OF OEATH  8:40 P M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPLAC	E (State or Foreign
	218-74-3386 1 D M 2 🛭	86	YRS.	MONTHS DAY		Octob	er 30 1	908 1	Country) Mary1	and
œ	9e. FACILITY NAME (If not institution, give street end number) Stella Maris			9b. CITY, TOW TOWSOI	N OR LOCATION OF D	EATH		9c. COUNTY	of DEATH	
6	RESIDENCE OF DECEDENT							Dait	пюте	
DIRECTOR	Maryland Baltimore		Tow	r, town dr Lo SON	CATION				-	INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	2300 Dulaney Valley Road				101. ZIP CODE 21204			Unite		
BY FUN	t Never Married 2 Merried FORCES?	ENT EVER IN U.S. A 1 YES 2 X E WAR DR DATES	RMED IND	If yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 ND Speci	an, Puerlo F	? (Specify Yee licen, etc.)		Bleck, Wh	merican Indian.
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			USUAL OCCUP		16b.	KIND OF BUS	INESS/INDUS		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or	5+)	nemak	e retired.)	•	0	wn Hom			
OM	17. FATHER'S NAME (First, Middle, Lest)	1101	CIRCITO		18. MOTHER'S N					
BE C	John Hughes				Julia			eski11		
70	190. INFORMANT'S NAME (Type/Print) Walter Joseph Sistek				et end Number or Rurel  Road Ca					
	20s. METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Removal from State	20b. PLACE	ANDDATEC	F DISPOSITION		DATE	20c. LO	CATION — CIT	y or Town, 8	aryland
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	HOTA	Kedee	22. NAME	AND ADDRESS DE F	ACILITY				путана
	> Steven T. Bottle			6500	chell-Wied York Roa	ad Bal	Ltimor	e, MD	2121:	2
	23. PART I. Enter the disesses, or complications shock, or heart failure. List only one	sauce an each line				ch ss card	lac or respli	ratory srres	t,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sause on each lin			421					Onset and Death
z		TO (DR AS A CONSE	EDUENCE OF	F):						
ATIO	cause. Enter UNDERLYING	TO (DR AS A CONSE	EDUENCE OF	7):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	TO (DR AS A CONSE	EDUENCE DE	7):					1	
	PART II. Other algnificant conditions contributing	In death but not	resulting	n the underly	dag cause given in	Part I	24e. WAS AN	ALFTONOV		E AUTOPSY FINDINGS
MEDICAL	LENGESTENE LENT	refere	Art	57705 × /c	es s es		PERFOR	MED?	AWAI	LABLE PRIOR TO PLETION OF CAUSE DEATH?
ME	<u> </u>									YES 2 KNO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO (25. WAS CASE REFERRED TO MEDICAL			S NO H (Check only or		N 🔲	_			
SICI	EXAMINER? HOSPITAL	□ ER/Outpatient		OTHER:	ame 5 🗆 Residence	8 Other	(Specify)			
PH	//Month	OF INJURY , Day, Year)	28b. TIMI	E OF 28c.	INJURY AT WORK?	1	CRIBE HOW IN	JURY OCCUP	RED	
B	1 Natural 5 Pending 2 Accident Investigation	DE IN HIRV ALL			YES 2 ND					
TED	3 Suictde 8 Could not be determined 289. PLAC build!	E DF INJURY — At higg, atc. (Specify)	ome, rerm, s	treet, rectory, o	RIGO.	City o	TION (Street e r Town, State)	nd Number or	Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: Dn the best of								euseie) end	manner en eteted
BE CC	280. SIGNATURE AND TITLE OF CENTIFIER				200 NOTHER NIL			29d. DATE S		th, Day. Year)
요	36. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE DF DEATH (ITE	EM 27) (Type,	Print)	/					
	EDDIE NAKHUDA, M.D. 23	00 DULANI			. TOWSON	, MD	21204			
	SEP1 91995	APIS TO VIEW								



ITEM: 18. PER F.H. FILM G-727 9/21/95 t.t

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH N. TOWLES	2. DATE OF D	DAY	YEAR	S. TIME OF DEATH
	4. SOCIAL SECURITY 226-58-1131s, SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF B			LACE (State or Foreign
	227-58-3H3 1 M 2 D F 5/ YRS. MONTHS DAYS HOURS MIN.	7-10	2-44	Country)	91019
TOR	98. FACILITY NAME (It not institution, give gired and number)  8837 Westridge Road  Baltimore	EATH	9c. COUN	J/A	тн
DIRECTOR	Maryland 10b. COUNTY N/A Baltimore	,			Od. INSIDE CITY LUNTS? YES 2 NO
	10e. STREET AND NUMBER 10f. ZIP CODE		10g. CITIZ		IAT COUNTRY?
FUNERAL	6837 Westridge Koad 2120.	1		4	SA
BY FU	11. MARITAL STATUS  1 Never Married 2 Married   12. WAS DECEDENT EVER IN U.S. ARMED   13. WAS DECENDENT OF HISPAI IT YES 2 NO   15 YES, GIVE WAR OR DATES   1 YES 2 NO Specific Current Market   1 YES 2 NO SPECIFIC CURRENT MARKET	an, Puerto Rican		Black,	- American Indian, White, atc.
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KiN	D OF BUSINESS/IND	USTRY	1-(0.)
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Ille. Do NOT use retired) Mass Transit Drive	or Aut	olic Tro	insp	ortation
	17. FATHER'S NAME (First, Milpidie, Lost)  18. MOTHER'S NA  19. MOTHER'S N	AME (First, Middle	e, Malder Sumame)	MARJOR	RIE BANKS
) BE	199_INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural	Route Number, C	City or Town, State, Zip	Obqo)	21207
10	Catherine lowles 6837 Westridge 200. METHOD OF DISPOSITION Name of .	e Kc	20c LOCATION -	HIMO	re Md
	20b. PLACEAND DATEOF DISPOSITION   20b. PLACEAND DATEOF DISPOSITION (Name of a metery, crematory or other place)   4  Donation 5  Other (Specify)   4  Donation 5  Other (Specify)	7-21-49	- Owing		uls Md.
	21. SIGNATURE OF PARTICIPATION OF PARTIC	Russ	h ave	Ba	121216 Ho.M.
	23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, aud shock, or heart failure. List only one cause on each line.	ch as cerdiac	or respiretory erro	est,	Approximate Interval Batween
	immediate cause (Final disease or condition Adenocarcinoma of Lune	4			18 mos
	disease or condition resulting in death)  a. Adenocarcinoma of Luna  Due TO (OR AS A CONSEQUENCE OF):  Brain + Bene Metasta	-			
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)	ises			-
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				
CERTIFICATION	that initiated events resulting in death) LAST				
	d.	Don't Late	, WAS AN AUTOPSY	Lan	WERE AUTOPSY FINDINGS
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED			123 2 110		OF DEATH? 1 YES 2 NO
N.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAL	IN 🗆			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence	B C Other /Sr	neo(fie)		
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 28s. TIME OF 18c. INJURY AT (Month, Day, Year) INJURY WORK?		BE HOW INJURY OCC	URED	
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suitefula 2 2 PLACE OF INJURY — At home, tarm, street, factory, office	281, LOCATIO	N (Street and Number	or Bural Bo	oute Number
TED	3 Suicide 8 Could not be detarmined Could not be detarmined		own, State)		
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and du  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the				
	296 SIGNATURE AND TITLE OF PERTIFIER 7				(Month, Day, Year)
38 C		773		-18	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  ARLENE A, FOR ASTIELE, 600 No WOLFE S	ST B	ALTIMO	RE	MD 21287
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURÉ	1	., ., .,	-	/

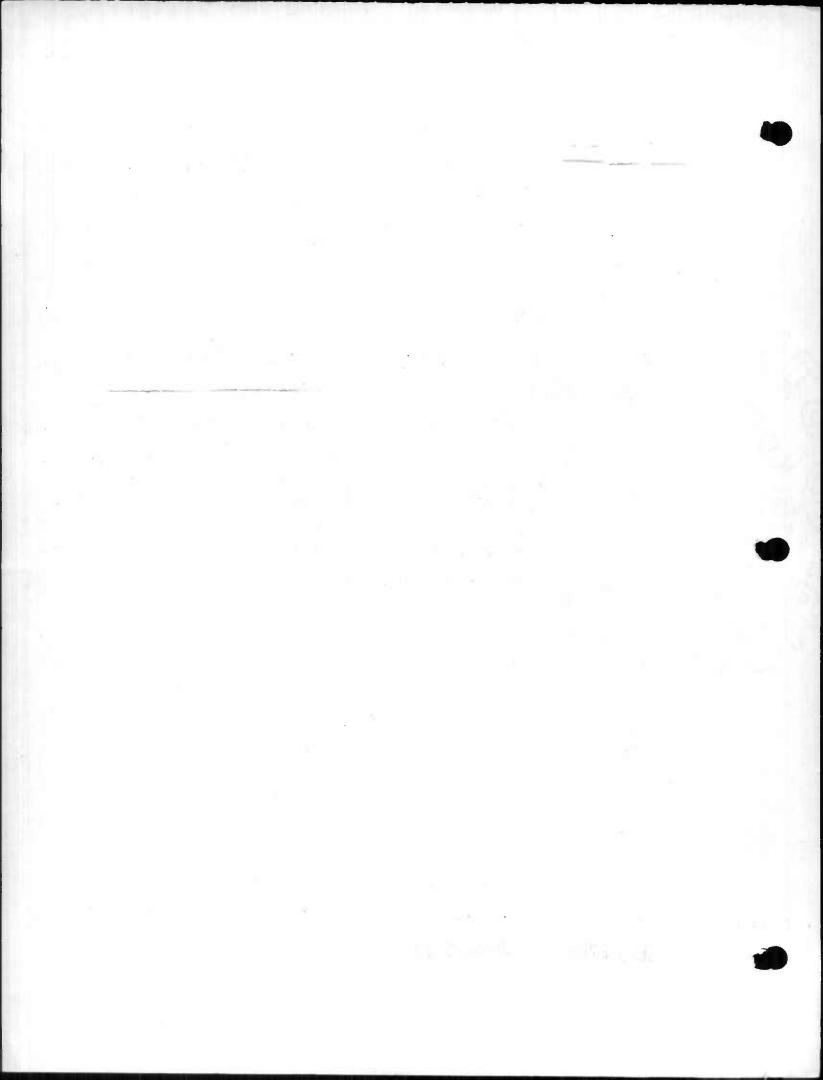
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with the found of the funeral director, page 5 may be retained by the lospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

286. SIGNATURE AND TITLE OF CERTIFIES

31. DATE FILED (MONTH, Day, 984) 995

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TO BE

. 2, 3 should

95 28116 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAJIE (First, Middle, Last) 3. TIME OF DEATH on 54 al 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year)
7-17-13 IF UNDER 1 YEAR IF UNDER 24 HRS 5-10-5314 DAYS HOURS YRS mary/and 9a. FACILITY NAME (If not 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR altimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Ba 1 DES 2 NO HIMOTE FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 010 0 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cubah, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. If yes, specify Cube 1 Never Married 2 Merried ВУ 3 Widowed 4 Divorced Specify 1944-46 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) dary (0-12) College (1-4 or 5 +) chance ialo 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, enknown BE 190. INFORMANT'S NAME (TVE 19b. MAILING ADDRESS Zip Code 2 ames 20e. METHOD OF DISPOSITION

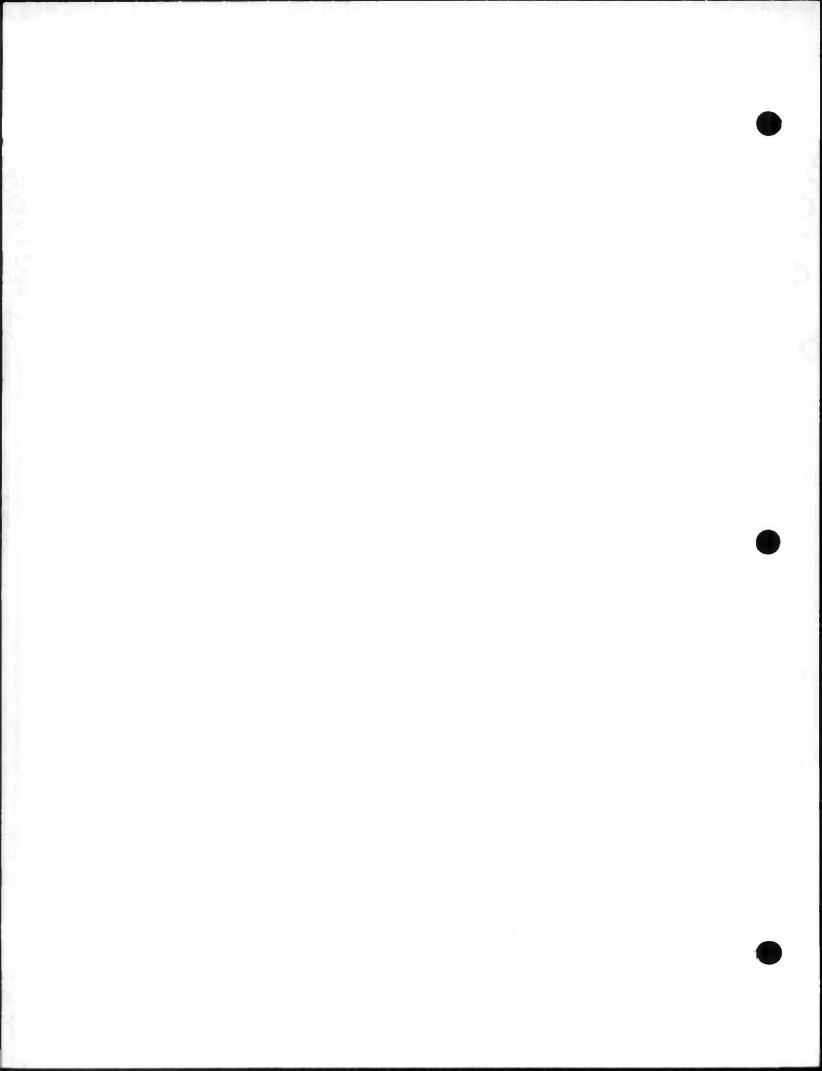
1 Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION Son 4 ☐ Donation 5 ☐ Other (Specify) Oun 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY oseph me unera RUSS 2222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fallure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Daath SEPT disease or condition SH 16 resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 3000 1 _ YES 2 OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 8 Could not be 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my know death occurred at the time, date end place, end due to the cause(e) end manner ee atated. (Check only one) MEDICAL EXAMINER: On the on, in my opinion, death occured at the time, date and place, end due to the cause(e) and menner ee

PLETED CAUSE OF DEATH (ITEM 27) (NOW. PH

EGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

HOWARD



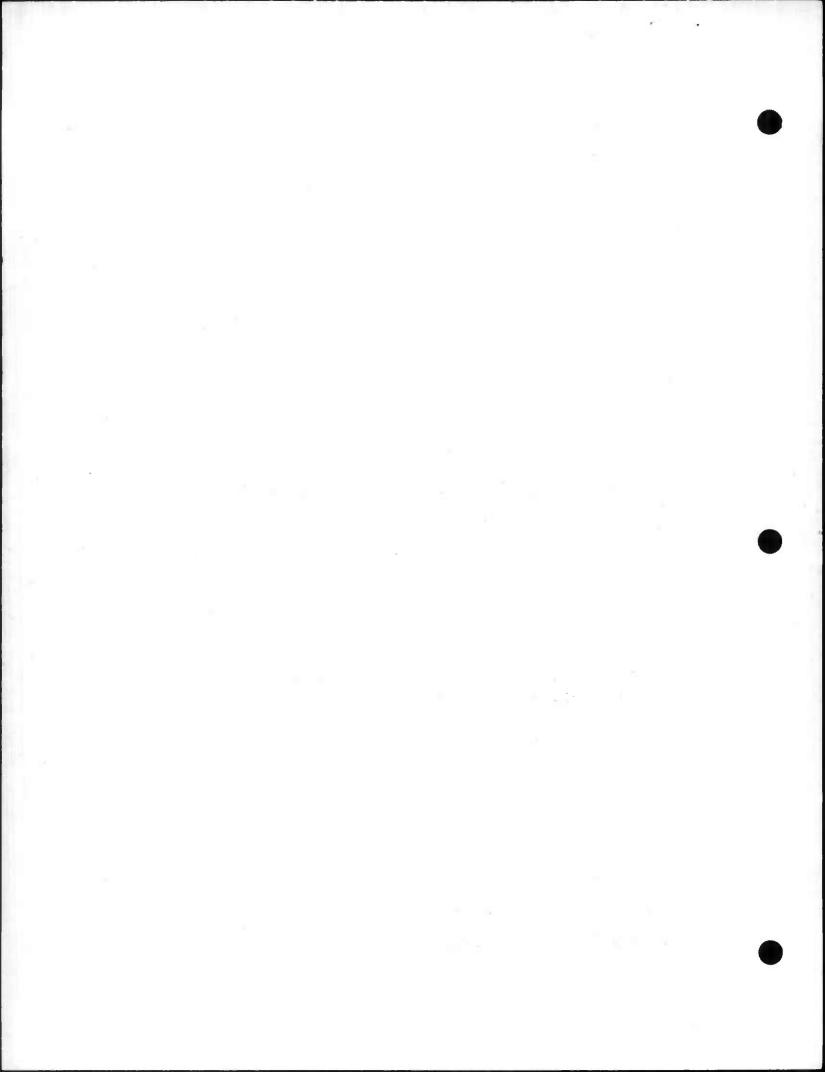
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fourth of the fourth of the intervention of the strength of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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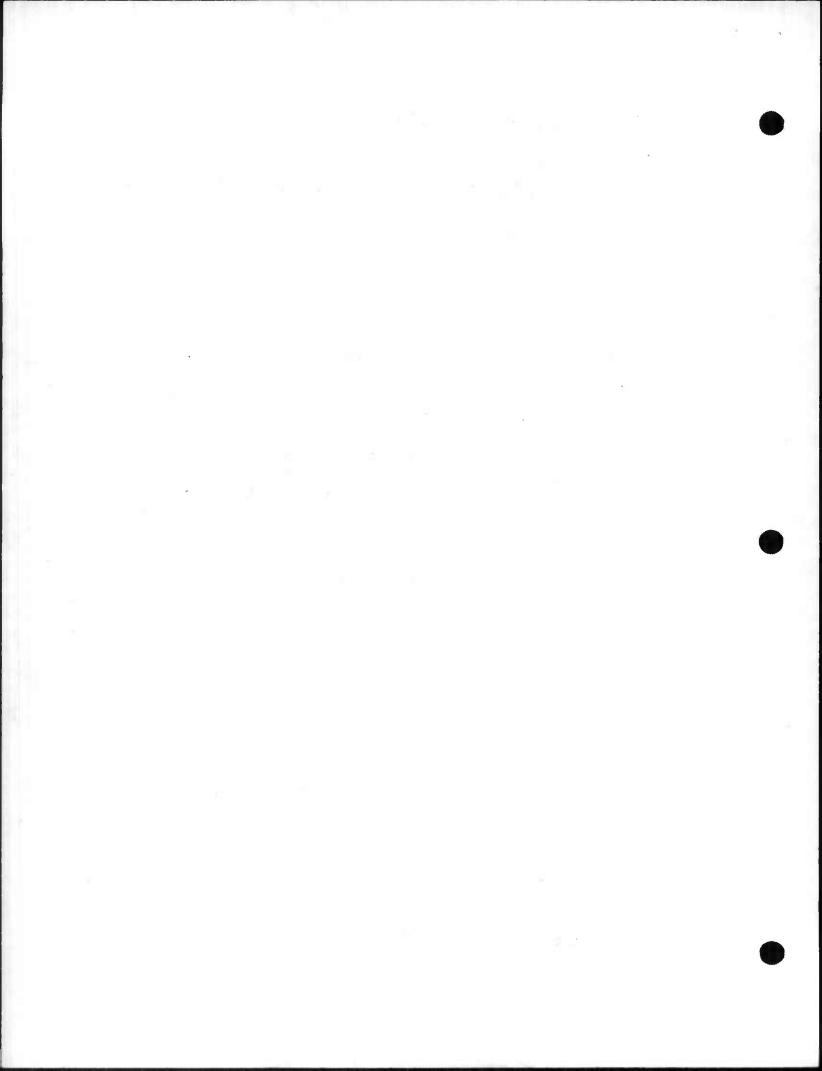
	REGISTRAR			OMIL	OF DEATH	REG. NO	J.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
	Josephine B.	THRASI	HER			Semptembe	r 17.	YEAR	2:52 P.M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YE	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	,		ACE (State or Foreign
	215-28-8259	1 🗆 M 2 🗔 🕫	64 YRS.		NYS HOURS MIN.	(Month, Day, Year)	,	Country)	
	80. FACILITY NAME (If not institution, give s	41.21	04	OP CIEN AN	WAY OR LOCATION OF	9-10-193		Mary	
Œ	Franklin Squar		, [	9b. CITY, TOWN OR LOCATION OF DEATH				NTY OF DEAT	
DIRECTOR	RESIDENCE OF DECEDENT	e mospita	1		N.A.		Ba1	timor	e County
<u> </u>	10e. STATE 10b. COUNTY	1	10c. CIT	, TOWN OR L	OCATION			- 140	d. INSIDE CITY
Ä	Maryland Ba	ltimore	100.01	, ionn on L					LIMITS?
1	10a. STREET AND NUMBER	TOTHOLE			N.A.		_		YES ZONO
FUNERAL					10f. ZIP CODE				T COUNTRY?
- 単	6102 Hamilton				21237		Ţ	J.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 2	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No-	14. RACE -	American Indian,
ВУ	1 Never Married 2 Married 3 Widowed COVDivorced	R DATES		s, specify Cuben, Mexic YES X NO Speci			Specify V	hite.atc.	
	3 Widowed 4-LXDivorced							-	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPRISED	16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BL	SINESS/IND	USTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)			g most of working				
립	12th grade	N.A.	hair s	tylia	st	self er	nploy	red	
8	17. FATHER'S NAME (First, Middle, Last)				18 MOTHER'S N	AME (First, Middle, Melder	s Summer		
	Salvatore	Brun	0		Maria	nms (FRSI, MIDDIE, Melder	Pit	tta	
H	to Discounting Manager Co. 11								
٩	190. INFORMANT'S NAME (Type/Print) Charles H. Thr	achou T				Route Number, City or Tox			1
		asner Jr.	6803	Ever	all Aven	ue Balto	. Md	. 212	206
	20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Remo	mal from State	20b. PLACE AND DATE O	FDISPOSITIO	N (Name of	DATE 20c II	CATION -	City or Town	State
	4 □ Donation 5 🛣 Other (Specify) E n	tombment	Lorraine Lorraine	Par!	c Cemete	$r\sqrt{9}-20$ Ba	1tim	ore,	Maryland
- 9	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE // /	•	22 MAN	IE AND ADDRESS OF EL	CON ATTY			
- 3	10111	111		1488	eph N. Z	Zannino J	r. F	uner	al Home Md. 21224
	Charles	10 20	unino	203	S. Con	ding St.	Bal	to.	Mo. 21224
4	23. PART I. Enter the diseases, of cahock, or haert failure.	omplications that cause or	sed the death. Do n	ot anter the	moda of dying, aud	ch as cardisc or resp	elratory arr	est,	Approximate
- 1	IMMEDIATE CAUSE (Final	cox only one cause or	each line.						Interval Between Onset and Death
	disease or condition								Oligar alle basell
- 1	resulting in death)	. Pneumonia							2 Days
	resulting in death)		S A CONSEQUENCE OF	):					2 Days
NC		DUE TO (OR A	S A CONSEQUENCE OF						2 Days
NOIT	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR A							2 Days
ICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF	):					2 Days
IFICATION	Sequantially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	):					2 Days
ERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	S A CONSEQUENCE OF	):					2 Days
CERTIFICATION	Sequantially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	S A CONSEQUENCE OF	):					2 Days
AL CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  C.  DUE TO (OR A	S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in	): n tha undar		Part I. 24a, WAS AF			RE AUTOPSY FINDINGS
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BY PHYSICIAN: M	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  Insulin Depender  Bullous Pemphigo  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neture 5 Pending Investigation  3 Suicide 8 Could not be delermined  29a. CERTIFIER (Check only)  29a. CERTIFIER Check only	DUE TO (OR A  E  B  CONTRIBUTE TO CAUSE  HOSPITAL: 142 Inpatiant 2 = ER/O  280. DATE OF INJUR (Month, Day, Yea  280. PLACE OF INJUR building, stc. (S	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF D but not resulting in Mellitus S ON like S OF DEATH YE 28. PLACE OF DEATH Autpertlent 3 DOA TY 128b. TIME TY 129b. TIME TY 129b. TIME TY 129cc/fy)	n the under  Hype  Sympto  S NO  H (Check only  OTHER: 4 Nursing  OF 28c  Jay  M 1	Ttension.  INS.  WINCERTAL  One)  Home 5   Residence  INJURY AT  WORK?  YES 2   NO  office	PERFO 1 YES:  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	INJURY OCC	1 [	ERIE AUTOPSY FINDINGS AIL ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: M	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition:  Insulin Depender  Bullous Pemphigo  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  3 Suicide 8 Could not be delermined  29a. CERTIFIER (Check only)	DUE TO (OR A  DU	S A CONSEQUENCE OF S A CONSEQUENCE S A CONS	n the under  Hype  Sympto  Sympto  OTHER:  4   Nursing  FOR 1  Itrest, fectory,  d at the time,	Ttension.  IN UNCERTAL  One)  Home 5 Residence  INJURY AT  WORK?  YES 2 NO  office	PERFO 1 YES:  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) to the cause(e) end ma	INJURY OCC	OF THE POINT OF TH	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,
COMPLETED BY PHYSICIAN: M	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condition:  Insulin Depender  Bullous Pemphigo  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be delermined  29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR A  S.  B.  B.  B.  B.  B.  B.  B.  B.  B.	S A CONSEQUENCE OF S A CONSEQUENCE S A CONS	n the under  Hype  Sympto  Sympto  OTHER:  4   Nursing  FOR 1  Itrest, fectory,  d at the time,	Ttension.  Ins.  I	PERFO 1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	INJURY OCC	OF The State of th	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,
COMPLETED BY PHYSICIAN: M	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition:  Insulin Depender  Bullous Pemphigo  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  3 Suicide 8 Could not be delermined  29a. CERTIFIER (Check only)	DUE TO (OR A  S.  B.  B.  B.  B.  B.  B.  B.  B.  B.	S A CONSEQUENCE OF  S A CONSEQUENCE OF  S A CONSEQUENCE OF  D but not resulting in  Mellitus  SON like  OF DEATH YE  28. PLACE OF DEATH  Autpetient 3 DOA  TY  28b. Time  Ty  OFFICE OF DEATH  Ty  Converged on the control of the cont	n the under Hype Sympto S NO H (Check only OTHER: 10F JRY M 128c JRY M 1 treat, fectory, d at the time, n, in my opinion	Ttension.  INS.  Was UNCERTA!  One)  Home 5 Residence  INJURY AT  WORK?  YES 2 NO  office  dete end piace, end due on, death occured at the	PERFO 1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) end ma time, date end piece, en	INJURY OCC  and Number  Injury occ  and due to the	OURED  Or Rural Route  or Rural Route  et ceuse(e) en	PRE AUTOPSY FINDINGS AIL ABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  P Number,  Indian and the control of
BE COMPLETED BY PHYSICIAN: M	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condition:  Insulin Depender  Bullous Pemphigo  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 3 Sulcide 8 Could not be delermined  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR A  S.  B.  B.  B.  B.  B.  B.  B.  B.  B.	S A CONSEQUENCE OF  S A CONSEQUENCE OF  S A CONSEQUENCE OF  D but not resulting in  Mellitus  SON like  OF DEATH YE  28. PLACE OF DEATH  THE SON TIME  INJURY  At home, farm, si  pocify)  OWINGER, death occurrention end/or investigation	n the under Hype Sympto Sympto M (Check only OTHER: A   Nursing OF   28c JRY M   1 Itrest, fectory, d et the time, n, in my opinio	Ttension.  Ins.  I	PERFO 1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) end ma time, date end piece, en	INJURY OCC  and Number  Injury occ  and due to the	OURED  Or Rural Route  or Rural Route  et ceuse(e) en	PRE AUTOPSY FINDINGS AIL ABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  P Number,  Indian and the control of
BE COMPLETED BY PHYSICIAN: M	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condition:  Insulin Depender  Bullous Pemphigo  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be delermined  29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR A  S.  B.  B.  B.  B.  B.  B.  B.  B.  B.	S A CONSEQUENCE OF  S A CONSEQUENCE OF  S A CONSEQUENCE OF  D but not resulting in  Mellitus  SON like  OF DEATH YE  28. PLACE OF DEATH  THE SON TIME  INJURY  At home, farm, si  pocify)  OWINGER, death occurrention end/or investigation	n the under Hype Sympto Sympto M (Check only OTHER: A   Nursing OF   28c JRY M   1 Itrest, fectory, d et the time, n, in my opinio	Ttension.  INS.  Was UNCERTA!  One)  Home 5 Residence  INJURY AT  WORK?  YES 2 NO  office  dete end piace, end due on, death occured at the	PERFO 1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) end ma time, date end piece, en	INJURY OCC  and Number  Injury occ  and due to the	OURED  Or Rural Route  or Rural Route  et ceuse(e) en	PRE AUTOPSY FINDINGS AIL ABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  P Number,  Indian and the control of
Σ	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  Insulin Depender Bullous Pemphig.  DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Notures 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OR A  DU	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF D but not resulting in Mellitus S Mellitus S OF DEATH YE 28. PLACE OF DEATH Outpettent 3 DOA TY 28b. Time INJU DEATH (ITEM 27) (Type.	n the under  Hype  Sympto  Sympto  OTHER: 4   Nursing  OF 28c  Jerest, fectory,  d at the time, n, in my opinic  Print)	Ttension.  TS.  UNCERTAL  One)  Home 5   Residence  INJURY AT  WORK?  YES 2   NO  office  date end place, end due on, death occured at the  29c. LICENSE NU  RD1912	PERFO 1 YES:  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) to the cause(e) end mantime, date end piece, end  MBER	and Number  Injury occ  and Number  Injury occ  and Number  Se	OURED  Or Rural Route  or Rural Route  et ceuse(e) en	PRE AUTOPSY FINDINGS AIL ABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  P Number,  Indian and the control of
BE COMPLETED BY PHYSICIAN: M	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condition:  Insulin Depender  Bullous Pemphigo  DID TOBACCO USE CONTR  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation 3 Sulcide 8 Could not be delermined  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR A  DU	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF In but not resulting in Mellitus SON like S OF DEATH YE 28. PLACE OF DEATH OUTPATHENT 3 DOA INTY At home, farm, st poecify) DEATH (ITEM 27) (Type. klin Squar	n the under  Hype  Sympto  Sympto  OTHER: 4   Nursing  OF 28c  Jerest, fectory,  d at the time, n, in my opinic  Print)	Ttension.  TS.  UNCERTAL  One)  Home 5   Residence  INJURY AT  WORK?  YES 2   NO  office  date end place, end due on, death occured at the  29c. LICENSE NU  RD1912	PERFO 1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) end ma time, date end piece, en	and Number  Injury occ  and Number  Injury occ  and Number  Se	OURED  Or Rural Route  or Rural Route  et ceuse(e) en	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,  Number,





BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE OF MARY	LAND / DEPARTMENT OF CERTIFICATE OF		ITAL HYGIENE REG. NO.					
	1. DECEDENT'S MAME (First, Modele, Last) Suphen arthur	Didenoi	M	DATE OF DEATH DAY SOLEMBER 15	YEAR 7:45 PM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG 214-44-8720 1 (X) M 2	E (in yrs. lest birthday) IF UNDER 1 YE.  68 YRS. MONTHS DAY	R IF UNDER 24 HRS. 7. D. NO.		e. BIRTHPLACE (State or Foreign Country)				
TOR	96. SACILITY NAME (If not institution, give street end number)  Sec. COUNTY OF DEATH  N/A  RESIDENCE OF DECEDENT  Oc. COUNTY OF DEATH  N/A								
DIRECTOR	Maryland N/A	Baltime			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	3900 North Charles Street A	pt.1407	101. ZIP CODE 21218		U.S.A.				
₽	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 XNO II yes	DECENDENT OF HISPANIC OR specify Cuben, Maxican, Pue (ES 2 X NO Specify:	RIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: White				
ONCE.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)	most of working	16b. KIND OF BUSINESS/INDU	USTRY				
OMF	UNKNOWN 17. FATHER'S NAME (First, Middle, Last)	Owner/Restaura		Food Serv Irst, Middle, Malden Surname)	/1CE				
BE	Unknown Unknown	Unknown	Unknow						
2	Jo Anne (Berti) Dehaghi			Number, City or Town, State, Zip of Marylar					
nst pe	20s. METHOD OF DISPOSITION 2	Ob. PLACE AND DATE OF DISPOSITION	(Name of	DATE 20c LOCATION C	Thy or Town State				
E	4 □ Donation	emetery, crematory or other place) LILLOD Service 22, NAM	Corp. Sept.	19, 95 Towso	on, Maryland				
I examiner must be notified at once.  TO BE COM	Jeffrey F. Jan	Leo 530	nard J. Ruck 5 Harford Ro	, Inc. ad Balto, Md.	. 21214				
nt, the medical	23. PART. Enter the disease, or complications that caus shock, or heart fellure. List only one cause on IMMEDIATE CAUSE (Finel disease or condition resulting in death)	each line.			Approximate Interval Between Onset and Dasth				
TION	Sequentially list conditions, If any, leading to immediate	cardial   Sci a consequence of): ction of the a consequence of):	. Thoracic	Aorta	234				
or other traumatic event, ERTIFICATION		A CONSEQUENCE OF:			10 yrs				
AL CEI	PART II. Other algorificant conditions contributing to deeth	but not resulting in the under	ing cause given in Part i	I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
shows any	Coronary Vascus	lar Discase		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE			<u> </u>					
SC SE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Ou	28. PLACE OF DEATN (Check only of OTHER;	iome 5 Residence 6 C	Oah (O					
BY PHY	27. MANNER OF DEATH  1. Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF 28c.		DESCRIBE HOW INJURY OCCU	JRED				
ED 28		RY — At home, ferm, street, fectory, clecify)		LOCATION (Street and Number of City or Town, State)	or Rural Route Number,				
O BE COMPLET	29s. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my known one)  2 MEDICAL EXAMINER: On the best of examinate								
TO BE	20b. SIGNATURE AND TITLE OF CERTIFIER Michael Zhadkevich		29c. LICENSE NUMBER AT243899	46E29 > 4	SIGNED (Month, Day, Year) 9-15-95				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF E Mithbul The dikeric	h MD 20	DIEUniuk	Ly Balto	MD21218				
	SEP19 105	MATURE HARMAN		/					

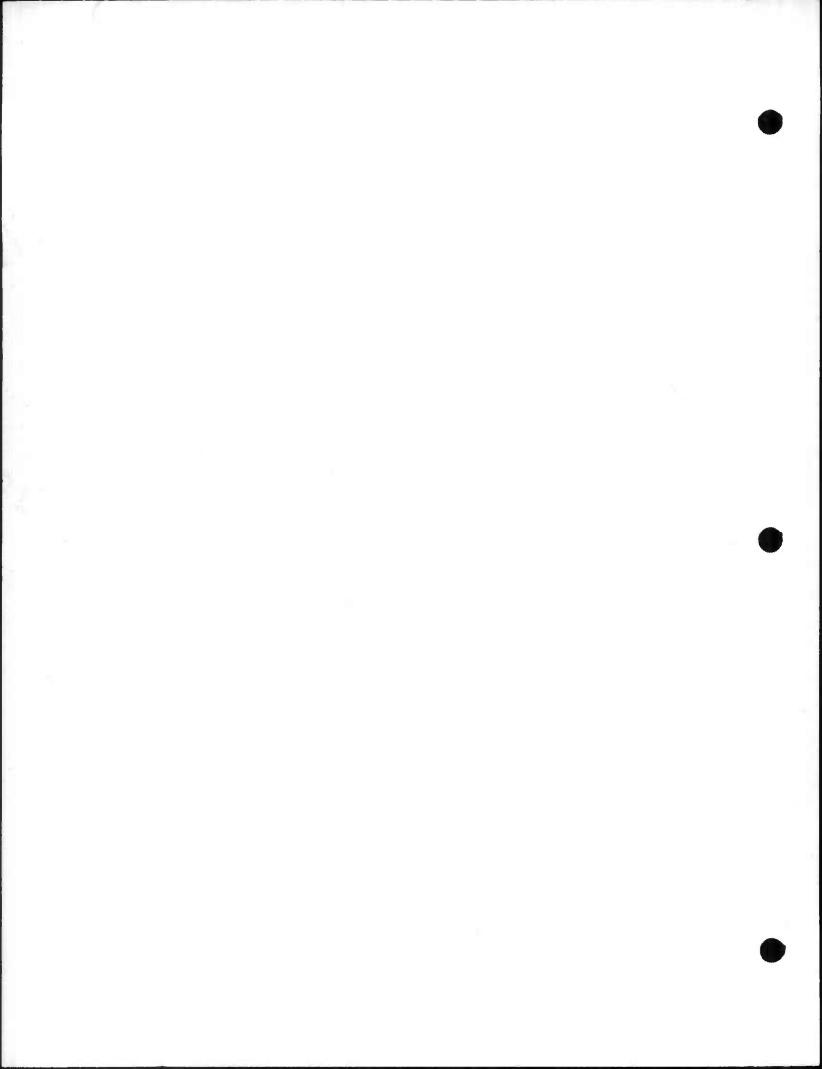


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	ZELLA	ESTER	VERNO	N		SEPTEMBER	2 /6 /9	PS 11.00Pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTNPLACE (State or Foreign
	219 28 8374	1 🗌 M 2 🏋 F	91 YRS.	MONTHS DAYS	HOURS MIN.	March 8,19	904 W	est Virginia
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	OF DEATH
OR	St. Agnes Hospita	1		Balti	more Cit	v		n/a
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY					*		
H			10c, CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	Maryland Balti	more		Esse				t 🗆 YES 2 🗶 NO
RA				10	I. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	934 Barron Avenue				2122			.S.A.
	t Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	II yes, sp	ecify Cuban, Mexica	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specif	y:		Specify: White
B	15, DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	I INESS/INDUST	
EI.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NDT u	work done during mo se retired.)	st of working			
AP.	6		Hous	ewife		Own	Home	
COMPLET	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	John Davis				Virgin	ia Dye		
10 B	19a. INFDRMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Town	n, State, Zip Cod	ia)
	Nancy Lee Brown		301 C	ross Str	eet Balt	imore, Mar	yland	21230
	20a. METHOD OF DISPOSITION  1x□ Burlel 2 □ Cremation 3 □ Remo	oval from State 20t	PLACE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c. LOC	CATION — City	or Town, Slata
- 3	1/2 Suriel 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)		ak Lawn			1995 Balt		
	21. SIGNAPURE OF FUNERAL SERVICE LIC	ENSEE	8	Bruzo	D ADDRESS OF FA	uneral Hom	e P.A.	
	Man 13	2						aryland 21221
$\neg$	23. PART I Enter the diseases, or c	complications that cause List only one cause on e	d the deeth. Do r	not enter the mo	de of dying, suc	h as cardiac or reaple	ratory arrest,	
- 1	IMMEDIATE CAUSE (Finel	Listionly one cause on e	ach line.					Interval Between Onest and Death
		ACUTE	MYOU	ARDIA	AL IN	FARCT		Iday
		DUE TO (OR AS A	CONSEQUENCE O	F):				1
Z	Sequentially list conditions,	PHEUL						3 days
Ĕ	if any, leading to immediate		CONSEQUENCE O	***				
2	cause. Enter UNDERLYING CAUSE (Disease or injury		DRAT CONSEQUENCE O					5 days
Ē	that initiated events resulting in death) LAST	DOE TO (DR AS A		r):				, <i>o</i> I
CERTIFICATION		f						
AL	PART II. Other algnificent condition	a contributing to deeth b	out not recuiting	In the underlyin	g ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 YES 2		COMPLETION DF CAUSE OF DEATH?
ME								1 TES 2 NO
ż	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YE	S NO [	UNCERTAIL	V 🗆		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEA	TH (Check only one) OTHER:				
YSI	1 TES 2 NO	1 Inpatient 2 ER/Outp	patient 3 DOA		e 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ		URY AT RK?	28d. DEŞCRIBE NOW IN	JURY OCCURE	.D
B≺	2 Accident Investigation				rES 2 NO		_	
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE DF INJURY building, etc. (Spec	— At home, Jarm, :	street, lectory, offic		281. LOCATION (Street a: City or Town, State)	nd Number or R	ural Route Number,
린		CIAN: To the best of my know						
COMPLET	2 MEDICAL EXAMINE	R: Dn the beals of examination	n and/or investigation	n, in my opinion, d	eath occured at the	time, data and place, and	d due lo the cer	use(e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 h			29c. LICENSE NUI	IBER	29d. DATE SIG	GNED (Month, Day, Year)
0	1400	M.D.			P.O. 7	7537	SEPTE	EMBER 16/1995
- 1	30. NAME AND ADDRESS OF PERSON WHO							
	RES VIOLET	A - 5AINI	A6H	65 HOS	P	900, CATO	NA	UE.
	SEP1 9 1995	32 REGISTRAR'S ON	The state of the s					
	SLI 1 0 1300							



VISION OF VITAL RECORDS, P.O.
OF VITAL RECORD
OF VITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within set fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages 1, 2, 3 her field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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should

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E		
	DECEDENT'S NAME (First, Middle, Last)     GROVER	MATTHIAS	WO	OD		2. DATE OF DEATH DATE OF SEPTEMBER	18, 19	3. TIME OF DEA 95 10:05 A	M M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or F Country)	
	90. FACILITY NAME (If not institution, give st			b. CITY, TOWN C	R LOCATION OF DE	02-12-191	6 M	ARYLAND OF DEATH	
DIRECTOR	KNOLLWOOD MANOR	NURSING HOME MILLERSY					ARUNDEL		
REC	10e. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CIT LIMITS?	Y
		E ARUNDEL	G	LEN BUR				1 TYES 24	NO
FUNERAL	803 CASTLE ROAD			101	21061		117	OF WHAT COUNTRY?	
¥	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes		RACE — American Ind	ien,
B≺	1 Never Married 2 Merried 3 Widowed 4 X Divorced	FORCES? 1X YES IF YES, GIVE WAR OR D. WW II			2 NO Specify	n, Puerto Ricen, etc.)		Specify: WHITE	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wo	k done durina ma	ON st of working	16b. KIND OF BUS	SINESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	ASSISTAN		ER	ANNE AR FARMERS		COUNTY	
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden			
BE	FRANK A.	WOOD			ALICE		MARTI	N	
5	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
	MILDRED F. BUCK 200. METHOD OF DISPOSITION		PLACE AND DATE OF			LEN BURNIE			οŢ
	1X Buriel 2 ☐ Cremetion 3 ☐ Reme 4 ☐ Donation 5 ☐ Other (Specify)	ovel from State   Cen	netery, crematory or othe RYLAND VE	r place)		9/22/95	OUNICUE	TTE ME	
	21. SIGNATURE OF EUNERAL SERVICE LIC		KIDAND VE	22. NAME AI	ID ADDRESS OF FA	CILITY SINGLET	ON FUN	ERAL HOME	
	K. Xenn	Thekin		1 SEC	OND AVEN	WE, S.W.,	GLEN B	URNIE, MD	
	23. PART I. Enter the diseases, or cahock, or heart fellure.	complications that cause List only one cause on a	d the death. Do no	enter the mo	da of dying, auc	h as cardiac or resp	iratory arrest		
	IMMEDIATE CAUSE (Fine)			66	/	- 0 -		Onset an	
	disease or condition resulting in death)	METAL	A CONSEQUENCE OF	U	LON	CAKLCIN	DMA	6~	1
-		DOE TO JON AS	CONSEQUENCE OF J.						
6	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF):						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	с.							
CERTIFICATION	that initiated events reaulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):						
E E		d							
1	PART ii. Other aignificant condition	s contributing to death i	out not resulting in	the underlyin	g cause given in	Part I. 24a, WAS AN PERFOI		24b. WERE AUTOPSY I	
MEDICAL						1 TES 2	- NA	OF DEATH?	CAUSE
	DID TOBACCO USE CONTI	DIDLITT TO CALICE O	VEDEATH VCC		UNCERTAI			1   YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C	26. PLACE OF DEATH		UNCERIAI	N LA			
SICI	EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Residence	6 Other (Specify)			
ΉΥ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(MORH, Day, real)	11430		YES 2 NO				
1	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, att cify)	eet, fectory, offic	•	281. LOCATION (Street City or Town, State)		Rural Route Number,	
COMPLETED	CONSTRUCTION OF THE PARTY OF TH	CIAN: To the best of my know						ause(e) end menner ee	stated.
	29b. SGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year	)
BE (	Allud	- ATT	ENDIN	6	D 2	1776	▶ q	112/95	
0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DI	EATH (ITEM 27) (Type, I	MAN	HWY	# 106	SLEW	LURNIF	406
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGI							

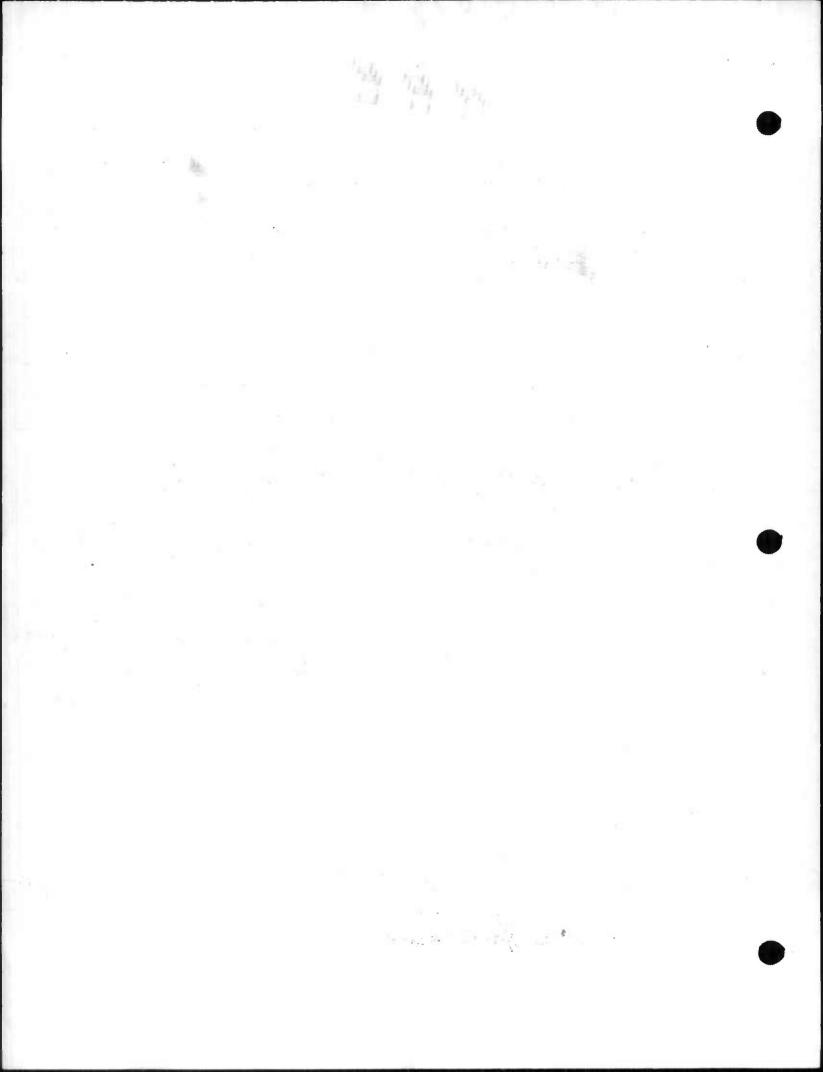
" Ky Ky

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CERTIFIC		DEATH	REG. NO.	L		
	1. DECEDENT'S NAME (First, Middle, Leat)	NIA Win			Se	2. DATE OF DEATH DO		YEAR 95	3. TIME OF DEATH
	212-20-7651	1 □ M 2 😾 F 7 (	-	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTN (Month, Dey, Year) June 24, 1	925	Country	
TOR	9a. FACILITY NAME (If not Institution, give stre Harbor Hospita		9	Balti	OR LOCATION OF DE	ATN	9c. COUNTY		
DIRECTOR	100. STATE 100. COUNTY Maryland Anne	Arundel		imore		yn Park)	- /-	T	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 717 Cresswell	Road,			21225	311 1 41 117	10g. CITIZE		HAT COUNTRY?
В	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	I2. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No — 14	I. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use in Homema	k done during mo etired.)	ON ost of working	HOUSEW	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BE CON	17. FATNER'S NAME (First, Middle, Last)  John Si	lver				ME (First, Middle, Maiden aret Lowma	Surname)	100	10 01101
TO B	Mr. Robert E. Win	gate, Sr.			and Number or Rural F	, Balto.,	n, State, Zip Go		
3	20a. METHOD OF DISPOSITION 1\( \) Buriel 2 \( \) Cremetion 3 \( \) Remov. 4 \( \) Donation S \( \) Other (Specify)	of from State	PLACE AND DATE OF PROPERTY OF PURPOSE PROPERTY OF PURPOSE PROPERTY OF PURPOSE	DISPOSITION (N	ame of		CATION - CH	y or Tow	rn, State
	21. SIGNATURE OF FUNERAL SERVICE LICEY	Kevin E.	Ecker	MCCu	ly Funer	al Home of co Ave., B	Brook	k] vr	
	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Upper GAL DUE TO (OR AS A	two in tes	tin al	Bleed	as cardiac or respin	ratory arrea	t,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (DR AS A  DUE TO (DR AS A  TUMONIYS)	C Rev.	al:	Insuffic	the moto	stari	·s	> I day
DICAL C	PART II. Other significant conditions	contributing to death b	ut not resulting in	tha underlyin	g cause given in i	Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDI	DID TORACCO LICE CONTROL	DUTE TO CALICE O	E DEATH VEG			1 TYES 2	KNO		COMPLETION OF CAUSE OF DEATH?
AN	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAUSE O	28. PLACE OF DEATH		UNCERTAIN	IM			
Sic		OSPITAL:	0	THER:	• Cla 44				
BY PHYSICIAN: ME	27. MANNER OF GEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJ	e 5 Residence URY AT RK? /ES 2 NO	28d. OESCRIBE HOW IN	JURY OCCUR	RED	
	3 Suicide 6 Could not be datarminad	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, offic		261, LOCATION (Street at City or Town, State)	nd Number or	Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know	ledga, death occurred an and/or investigation, (	it the time, data	and place, and due	to the cause(s) and man	ner as stated, I due to the c	ause(s)	and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER		sident		29c. LICENSE NUM A 5 244	BER 161436	29d. DATE S	fein	Morth, Day, Year) Loen/11/94
F	Che-Fu Kub,	3001 S	ATH (ITEM 27) (Type, Pri		Balt	i'move,	Ma	who	and 21225
	SEP1 9 1995	32. DEGISTRAP'S SIGN	atures or harball						



ITEMS: 1.16a,20c, PER F.H. FILM G-727 9/19/95 t.t

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR			C	ERTIF	ICAT	TE OF	DEATH		REG. NO.				
1. DECEDENT'S HAME (First, HAROLD	Middle, Last) DANEEL	WEBB							DATE OF DEATH DATE OF DEATH DATE OF DEATH	6,19	YEAR 995	3. TIME OF DEATH	Ам
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)		DER 1 YEAR	IF UNDER 24 HRS	, 7.	DATE OF BIRTH			IPLACE (State or Form	elgn
214-48-053	37	1 💢 M 2 🗌 F	48	YRS.	MONTHS	B DAYS	HOURS MIN.	1	Mar. 23,	1947	Vir	ginia	
9a. FACILITY NAME (If not in	stitution, give s	street and number)			96. CI	TY, TOWN O	R LOCATION OF	DEAT	Н	9c. COU	NTY OF D	EATH	
6588 ENGL	EWOOL	ROAD			L	ITHI	CUM			ANI	VE A	RUNDEL	
10a. STATE	10b. COUNT			10c. CIT		N OR LOCAT						10d. INSIDE CITY LIMITS?	
Maryland	A	nne Arun	del		Lir	nthic						1 VES 2 X	10
100. STREET AND NUMBER 6588	Engle	wood Roa	d			101	21090				SA	WHAT COUNTRY?	
11. MARITAL STATUS		12. WAS DECEDED	NT EVER IH U.S.		13				ORIGIN? (Specify Yea	or No-	14. RACI	E — American India: k, Whita, etc.	n,
1 Hever Married 2 3 Widowed 4 X Divo			WAR OR DATES			1 TYES		octry:	,		Spec	"Y" White	
	EDEHT'S EDU	ICATION	16a. l	DECEDENT'S (Give kind of	work don	ne during mo:	N st of working		16b. KIHD OF BU	SIHESS/IHI	DUSTRY		
Elementary/Secondary (0	)-12)	College (1-4 or 5	+)	ief S	SER)	VICEMA Cema			Carr	Lowe	ry G	lass Co.	
17. FATHER'S NAME (First, M Vance	liddle, Last)	Nieki	rk				18. MOTHER'S Harv		(First, Middle, Melden D.	Sumame) Wel	bb		
19a. INFORMANT'S NAME (1		kham		196. MAILIHO 3080	Dil	ess (Street a	or Number or Ru		incastle,			090	
20a, METHOD OF DISPOSIT 1 X Burlel 2 Crematic 4 Donation 5 Other	on 3 🗆 Ram	noval from State		E AND DATE					DATE 200. LO	en H	GKNIE	wn, Stata Marvlai	nd
21. SIGHATURE OF FUHERA		CENSEE Ke	vin E.	Ecker	2	2 NAME AN	D ADDRESS OF	FACIL	Home o	f Dw	00 1/1	yn	
21. SIGNATURE OF FUHERAL SERVICE LICENSEE Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225													
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.									00 /11/03		., .	IG. LILL	0
												Approxima Interval Be	ita itween
	eart feliure.				not ent	ter the mo	de of dying, s	uch a		iratory ar	rest,	Approxima Interval Ba	ita itween
shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	neart feliure.				not ent	ter the mo	de of dying, s	uch a	as cardiac or resp	iratory ar	rest,	Approxima Interval Ba	ita itween
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme	eart feliure.	a. DUE TO		SEOUEHCE C	not ent	ter the mo	de of dying, s	uch a	as cardiac or resp	iratory ar	rest,	Approxima Interval Ba	ita itween
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju	eart feliure.	b. DUE TO	O (OR AS A CONS	SEQUENCE C	DF):	ter the mo	de of dying, s	uch a	as cardiac or resp	iratory ar	rest,	Approxima Interval Ba	ita itween
shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY	eart feliure.	b. DUE TO	O (OR AS A CONS	SEQUENCE C	DF):	ter the mo	de of dying, s	uch a	as cardiac or resp	iratory ar	rest,	Approxima Interval Ba	ita itween
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS	eart feliure.	b. DUE TO  DUE TO  DUE TO	O (OR AS A CONS	SEQUENCE C	DF):	ter the mo	de of dying, s	cuch a	es cardiac or resp	St.	rest,	Approxima Interval Be Onset and	ite itween Daath
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events	eart feliure.	b. DUE TO  DUE TO  DUE TO	O (OR AS A CONS	SEQUENCE C	DF):	ter the mo	de of dying, s	cuch a	es cardiac or resp	AUTOPSY RMED?	rest,	Approxima Interval Ba	ite itween Death
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS	eart feliure.	b. DUE TO  DUE TO  DUE TO	O (OR AS A CONS	SEQUENCE C	DF):	ter the mo	de of dying, s	cuch a	es cardiac or resp	AUTOPSY RMED?	rest,	Approxima Interval Ba Onset and Onse	tte Itween Death  TOINGS TO AUSE
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS	clons, dista ING	b. DUE TO  DUE TO  C. DUE TO  d	O (OR AS A CONS	SEQUENCE C	not ent	underlylni	de of dying, s	In Pa	es cardiac or respectation of the second of	AUTOPSY RMED?	rest,	Approxima Interval Be Onset and Onse	tte Itween Death  TOINGS TO AUSE
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit If any, leading to imme couse. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS  PART II. Other significations	eart feliure.  clons, diata iNG inry ist	b. DUE TO  d	O (OR AS A CONS	SEQUENCE C	DF):  DF):  In the	underlying	de of dying, s	In Pa	es cardiac or respectation of the second of	AUTOPSY RMED?	rest,	Approxima Interval Ba Onset and Onse	tte Itween Death  TOINGS TO AUSE
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification  DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER?  1 X XES 2  HO	eart feliure.  clons, diata iNG inry ist	b. DUE TO  C. DUE TO  d. HOSPITAL: 1   Inpetient 2	O (OR AS A CONS O death but no	SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	DF):  In the STHI (Check of the last of th	underlying  NO   cc only one)  IER:  thursing Hom	g cause given  UNCERT	In Pa	art I. 24a, WAS AN PERFOI	AUTOPSY RMED?	244	Approxima Interval Ba Onset and Onse	tte Itween Death  TOINGS TO AUSE
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification  DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER?  1 X XES 2	eart feliure.  hel  clons, ddieta ING IT  Ent condition  SE CONT  O MEDICAL  Pending	b. DUE TO  C. DUE TO  d. RIBUTE TO CA  HOSPITAL: 1 □ Inpellent 2 28e. DATE O	O (OR AS A CONS O death but no	SEQUENCE COSEQUENCE CO	DF):  In the STHI (Check of the last of th	underlying  NO Cock only one)  IER: thursing Hom	g cause given  UNCERT	In Pa	art I. 24a, WAS AN PERFOI	AUTOPSY RMED?	244	Approxima Interval Ba Onset and Onse	tte Itween Death  TOINGS TO AUSE
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shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significate  DID TOBACCO U  25. WAS CASE REFERRED T EXAMINER?  1 X XES 2 HO  27. MAHHER OF DEATH WANTER O	eart feliure.  clons, dista iNG iny it  Ent condition  DECAL  Pending Investigation  Could not be determined  TIFYIHG PHYS  HICAL EXAMIN	b. DUE TO  c. DUE TO  d	O (OR AS A CONS O (OR AS A CON	SEQUENCE COSEQUENCE CO	In the STH (Check of Library M street, for the street at the contract of the street of	underlying  NO Cock only one)  RER: thursing Hom  28c. IHJ  factory, office	g cause given  UNCERT  SX Mesiden  URY AT  FES 2 HO  and place, and death occured at	In Pa	art I. 24a, WAS AN PERFOI 1 YES :	I AUTOPSY RMED?  2 HO  IHJURY OC  and Number  inner as ettend due to 1  29d. DA'	24k	Approxima Interval Ba Onset and Onse	NOMAS TO AUSE TO AUS TO AU
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS  PART II. Other significate  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 X XES 2 HO  27. MAHIER OF DEATH 1 Natural 5 CACCIONAL 2 Accident 3 Suicide 8 CACCIONAL 2 Accident 3 Suicide 8 CACCIONAL 2 Accident 3 Suicide 8 CACCIONAL 2 Accident 3 CACCIONAL 2 ACCIDENTIFIER (Check only 1 CER (CHECK ONL) CER (CH	Ions, diate in	DUE TO   O (OR AS A CONS O (OR AS A CON	SEQUENCE C S SEQUENCE C S SEQUENCE C S S S S S S S S S S S S S S S S S S S	In the STATH (Check ME OF LIJURY M M ME OF LIJURY M M ME OF LIJURY M M M M M M M M M M M M M M M M M M M	underlying  NO Cock only one)  RER: thursing Hom  28c. IHJ  factory, office	g cause given  UNCERT  E SX Residen  URY AT  YES 2 HO  a  and place, and	In Pa	art I. 24a, WAS AN PERFOI 1 YES :	I AUTOPSY RMED?  2 HO  IHJURY OC  and Number  inner as ettend due to 1  29d. DA'	24k	Approxima Interval Ba Onset and Onse	NOMAS TO AUSE TO AUS TO AU	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

OHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68769

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE-FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	LaRue Wheat:	ley Will:	iams			September	14, 19	12:45 PM
	Company of the second second		yrs. last birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIP Cor	THPLACE (State or Foreign intry)
	578-16-9547  9. FACILITY NAME (If not institution, give street	1 🗆 M 2 💢 F	78 YRS.			5-10-1917		Maryland
Œ	8902 Baltimore Stre				OR LOCATION OF DE	EATH	9c. COUNTY OF	
5	RESIDENCE OF DECEDENT	se t		Savage			Howard	1
RE	10a. STATE 10b. COUNTY		10c. CIT	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland Howard	1		Savage				1 TES 2 NO
ERA	8902 Baltimore Stre	eet		101	. ZIP CODE 2.0763		USA	F WHAT COUNTRY?
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN 1	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yea		CE — American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecify Cuban, Maxica 2XXNO Specify	n, Puerto Rican, etc.)	Bi	CE — American Indian, ack, White, etc. acily:
	15. DECEDENT'S EDUCA	TION:						White
ETE	(Specify only highest grade co	ompleted)	(Give kind of v life. Do NOT us	USUAL OCCUPATION FOR done during most retired.)	St of working	16b. KIND OF BUS	INESS/INDUSTRY	
IPL	11	College (1-4 or 5+)	Pricing			Re	etail	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
BE (	Luther W. Wheatley					. Harrell V		7
0	10a. INFORMANT'S NAME (Type/Print) Bonnie Perkins					Route Number, City or Town	3-0215	
	20g, METHOD OF DISPOSITION	Ton.		3ox 215	Savage			
	1 Denial 2 Cremetion 3 Remove 4 Denation 5 Other (Specify)	al from State 200. P	lery, cremetory of or	F DISPOSITION (Na her place) HIP Lerv			extion - city or	Yown, State Yaryland
	21. SIONATURE OF FUHERIAL SERVICE LICEN				D ADDRESS OF FA			,
1	100,000	. Chadh	6	Fleck	Funeral	Home, Inc.	,	
	23. PART I. Enter the dissesses, or con	mplications that caused	the death. Do n	ot enter the mo	Sandy Sp. de of dying, suci	ring Road	Laurel.	MD 20707 Approximate
	shock, or heart fallure Lis IMMEDIATE CAUSE (Final	at only one caluse on leac	th line.	sal r			2.50	Interval Between Onset and Death
	disesse or condition resulting in desth)	- Cerchion	wente	en Ace	don't			minute
	1078	DUE TO (OR AS A C	ONSEQUENCE OF	): L70	0			A
ON	Sequentially list conditions, b.	DUE TO (OR AS A C	CONSEQUENCE OF	47 50	um			Hog S
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING	Cardi	mus	south.				Weeks
Ē	CAUSE (Disesse or Injury that Initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	7				1000
	resulting in death) LAST	Colone	Atot	3 12	seare			year
AL C	PART II. Other significant conditions	contributing to death but	not resulting in	n the underlying	cause given in	Part I. 24s. WAS AN A	WTOPSY 2	No. WERE ACTORSY PRIDINGS
				503	1674	PERFORM		MAJLABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							1	OF DEATH?
ž	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YE	S   NO	UNCERTAIN	V 🗆		
CIA		HOBPITAL:	L PLACE OF DEAT	OTHER:				
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE OF INJURY	Sent 3 DOA	4 - Hursing Home	BY AT		Market Market State of the Control o	
	1 Natural 5 Pending	(Month, Day, Nur)	BUIL	M 1 Y	RICY	284. DESCRIBE HOW IN.	JURY OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJUNY -	At home, farm, st			28f, LOCATION (Street an	ed Humber or Rure	/ Route Mumber
E	4 Homicide detarmined	truilding, etc. (fipecity	1.			City or Rown, State)		
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowled	dga, death occurre	d at the time, date	end place, and dua	to the cause(a) and mann	ner as stated,	
COMPLETE	one) 2 MEDICAL EXAMINER:	On the besis of examination a	and/or Investigation	n, in my opinion, de	eath occured at the	time, data and place, and	dua to the cause	e(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1.1	1. 0		29c. LICENSE NUN	IBER	29d. DATE SIGNI	ED (Month, Day, Year)
TO B	Willian H.	Burn	nu)		1)(	5916	► 4-15	7-95
	30. NAME AND ADDRESS OF PERSON WHO	SHELLIA >	H (ITEM 27) (Typ)	,	Da - 1	7/-	0 10	12000
	31. DATE FILED (Month, Day, John)	32 REGISTRAR'S GNAI	TUBLE	1che G	CON / 7	Laure	KIN	60707
	SEP1 9 1995 Jal	division land	146		V			
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BALTIMORE, MARYLAND 21215-0020

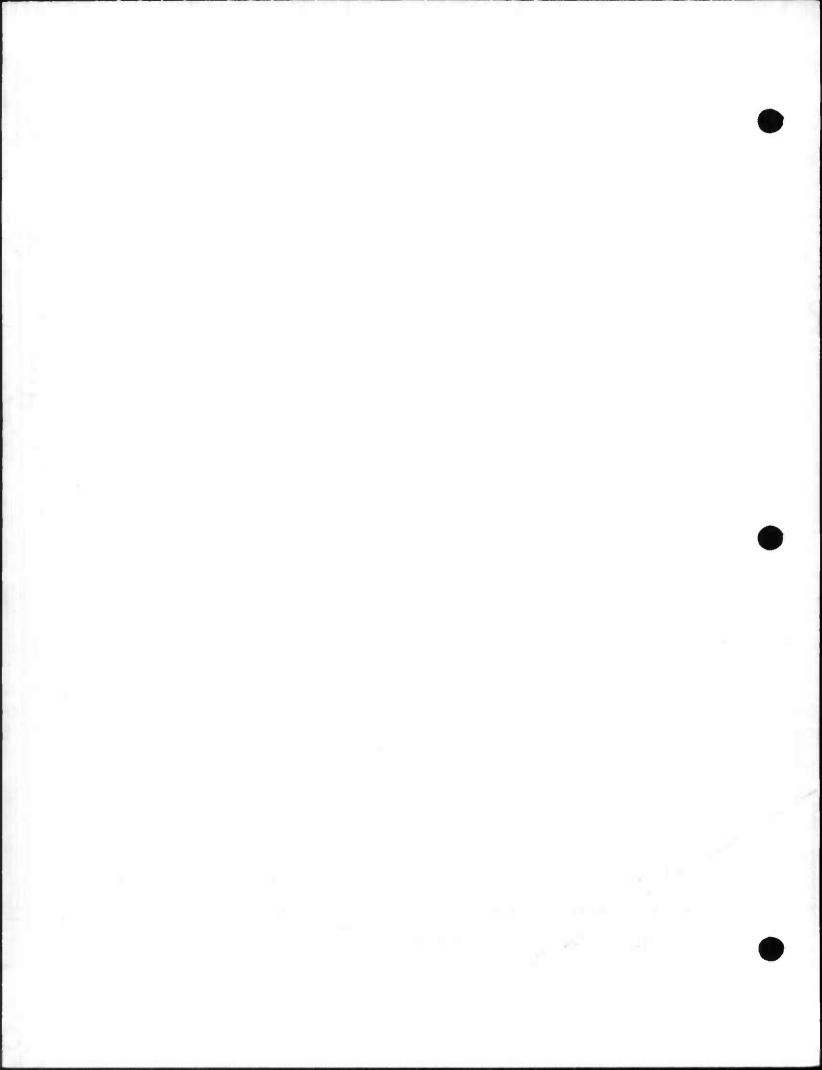
DIVISION OF VITAL RECORDS, P.O. BOX 687601

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF I		MENT	AL HYGIENI	E		
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATN	ν	YEAR	3. TIME OF DEATH
	Herman Fr	ranklin Waters			1	8			95	11:35 Pm
	160-14-6349	5. SEX 6. AGE (In yrs. 1 )	YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DAT	TE OF BIRTH (1914) 4-13-19	10	Country	PLACE (State or Foreign  )  Jersey
	9a. FACILITY NAME (If not institution, give			96. CITY, TOWN	OR LOCATION OF D		7-13-17		NTY OF DE	
OR P	Lorien Nursing Ho	me		Columbi	a			How	ard	
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LOCA	TION				$\equiv$	10d, INSIDE CITY
	Maryland Howa	vrd	Co	lumbia						LIMITS?
RAL	100. STREET AND NUMBER 6334 Cedar Lane			10	ZIP CODE					HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DEC	21044 ENDENT OF NISPA	NIC OBIG	SIN? (Specify Yes		S.A.	— American Indian.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES 2 ( IF YES, GIVE WAR OR DATES	NO	If yes, sp	ecify Cuban, Maxic	an, Puert	o Rican, atc.)	01 NO-	Black, Specil	white atc. Black
	15. DECEDENT'S EDI	1947 to 1949	250525454							
COMPLETED	(Specify only highest grad	(ie completed)  College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATION or done during more retired.)	on ast of working	1	66. KIND OF BUS	INESS/IND	USTRY	
MPL	12		Pharma	icist			Medici	ne		
00	17. FATHER'S NAME (First, Middle, Last)	(1) h					t, Middle, Maiden S			100
BE	Robert Garrison	waters	401 144 114	10000000			nia Lee			
5	Elsie Frances Wat	ers			Ridae R					a, MD. 21044
	20e, METNOD OF DISPOSITION 1 Burlei 2 Cremetion 3 Ran	20b. PLAC	_	OF DISPOSITION (Na				CATION — C		
	4 10 Donation 5 Other (Specify)	ICENSEE ROMARD Wade	Din	22. NAME A	D ADDRESS OF FA	ACILITY				
	mant	Monde -		State	Anatomy 26-Balti	Boa	rd-655 Marul	W. Bo	alti	more Street
	23. PAYT I. Enter the diseases, or shock, or heart fellure.	complications that ceused the Liet only one cause on each it	desth. Do n	not enter the mo	de of dying, suc	h sa ce	ordisc or respir	atory srre	est,	Approximats
	IMMEDIATE CAUSE (Final disesse or condition									Interval Between Onset and Death
	resulting in desth)	a. Due to (or as a con-	SECULENCE OF	D.						
z		· Alzhein	er c	die	10					
OT I	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE OF	F):						
S	CAUSE (Disesse or injury	c. DUE TO (OR AS A CONS	SECUENCE OF	n.						
CERTIFICATION	that initisted events resulting in death) LAST	d		,						1
	PART ii. Other significent condition	ns contributing to deeth but or	ot resulting i	n the underlyin	ceuse alves la	Dort I	Total Magazia	LIPPARA	100	
PHYSICIAN: MEDICAL	hypertens		re resulting i	in the underlyin	i cease given in	Part I.	24a, WAS AN / PERFORI	WED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
띭	3						1   YE\$ 2	NO		OF DEATH?
ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DE	EATH YE	S 🗆 NO 🗷	UNCERTAI	N $\square$				
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		N (Check only one)  QTHER:						
HYS	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	3 DOA	4 Nursing Nom	e 5 🗆 Residence	_	her (Specify) ESCRIBE NOW IN	HIBY OCC	HIBED	
BY P	1 Natural 5 Pending Investigation	(Month, Day, Year)			RK?	200.0	ESCHIBE NOW IN	JOHT OCC	ONED	
	3 Suicide 6 Could not be	28a, PLACE OF INJURY — At building, atc. (Specify)	home, ferm, s	treet, fectory, offic		281. LO	CATION (Street ar	nd Number	or Aural Ac	oute Number,
E	4 Nomicide determined						, , , , ,			
COMPLETED		BICIAN: To the best of my knowledge,								
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination end/	or investigation	n, in my opinion, d			te and place, and			
BE	Nichelay B	Aramto M	TA C	whin	D34	MBER	8	29d. DATE	SIGNED (	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE OF DEATH (I	-		- 51				111	, , )
	Nicholas Agont	0 11		ark Pr	UT -#2	14	Come	M	20	707
	SEP1 9 1305	P. REGISTRARIS SIGNATURE								



3. TIME OF DEATH

Approximata

Interval Between

Onset and Death

REG. NO

2. DATE OF DEATH

TIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

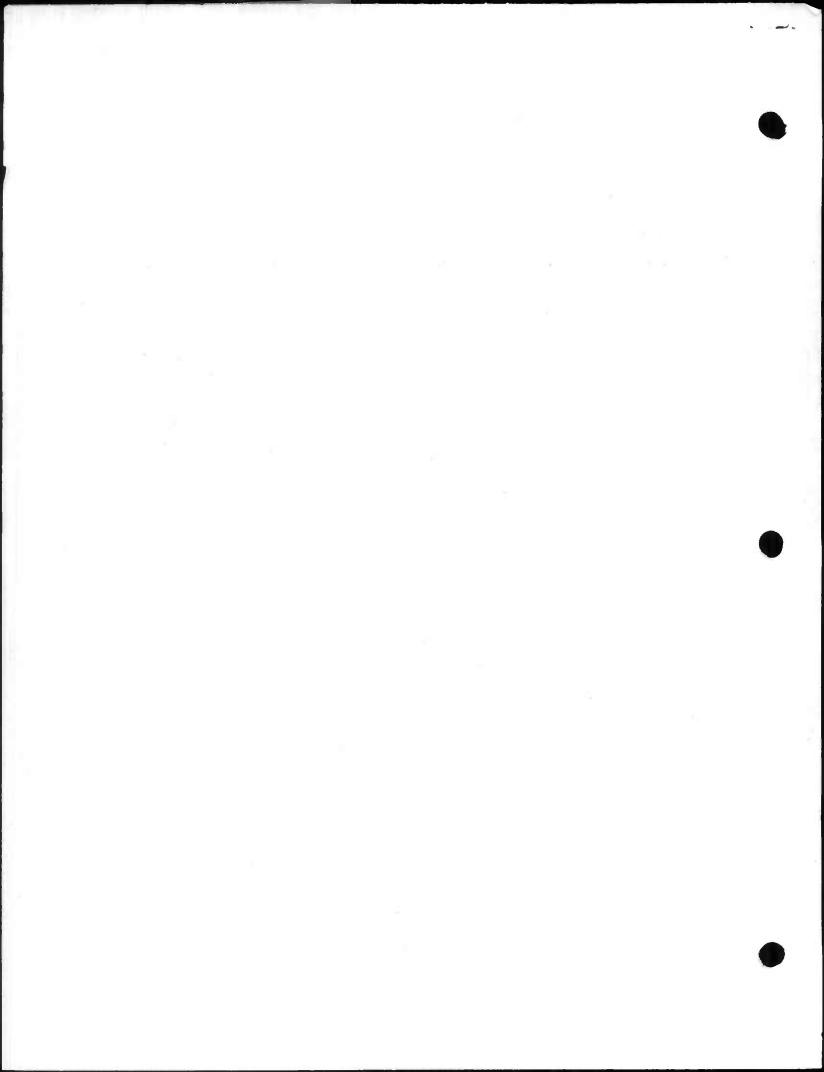
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STATISTICAL OF ALL AL DECONDS, P.O. BOA 80/00	law requires that the death certificate be executed within 24 hours after
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	HOSPITAL OR ATTENDING PHYSICIAN: The
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Helen CHRISTINE Jachter 23:10 1995 4. SOCIAL SECURITY NUMBER 7. Date of BIRTH (Morth, Dey, Year) April 10, 1911 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 216-20-8341 1 - M 2 X 84 YRS. Mary land 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Johns Hopkins Bayview Baltimore City n/a RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Catonsville permit. 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 413 Maiden Choice Lane burial-transit Apt. 1204 21228 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexicen, Puerto Rican, stc.) 14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 X Never Married 2 Merried B 1 YES 2 X NO Specify. 3 Widowed 4 Divorced page 5 should be detached for use as the White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only high ET College (1-4 or 5+) Elementary/Secondary (0-12) COMPL Teacher of Mathematics Baltimore County School System once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) John Adam Wachter, Sr. notified at Anne Christine Miller BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Mr. Robert N. Wachter 86 Sawin Lane Hockessin, Delaware 19707 ě 20e. METHOD OF DISPOSITION
1 [X] Burlel 2 [ Cremetion 3 [ Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, Parkwood Cemetery Donation 5 Other (Specify) 9/19/95 Baltimore Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY tain Leonard J. Ruck, Inc. 5305 Harford Road 21214 the medicai 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in by shock, or heert failure. List only one cause on each line. ö filled IMMEDIATE CAUSE (Final the state cremation, disease or condition_ Sepsis completely resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF) hysician and com prior to burial, ( Pheumonia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF) the attending pl that initiated events reaulting in death) LAST Injury, PART it. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS and the Bilateral shows any AMILABLE PRIOR TO Overmo thorax Health a COMPLETION OF CAUSE 1 - YES 2 NO Hypexia 1 TYES 2 NO peen DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN I PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) item certificate to the State HOSPITAL:
12 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this ( 1 Natural 5 Pending м 1 YES 2 NO After 1 BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 28 is ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be after a 4 🔲 Homicide determined DIREC 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end menner ee stated. COMPL TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If it (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the films, date end place, end due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) ▶ September 16, 1995 96003 au 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print) MO Durbin 4940 21224 Eastern 31. DATE FILED (Month, Day, Year)
SEP1 9 1995

32. MEGISTRAR'S SIGNATURE leter attender le

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS,

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detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-tran notified pe must the medical examiner completely filled in by the rial, cremation, or removal. in and completely filled in to burial, cremation, or traumatic event, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with physician prior other attending 10 n signed by the attend shows any Deed 23 has certificate h Item 6 marked, this c After t 28 13 DIRECTOR: / If Item FUNERAL C TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

ITEM: 4. PER F.H. FILM G-727 9/26/95 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR HeLen 847 SON September 1995 4. SOCUAL SECURITY 8031 070 30 8031 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) B. BIRTNPLACE (State or Foreign Country) 1 M 2 X 57 DAYS HOURS MIN. VRS Apr 29 1938 New York 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN NORTH ARUNDEL DIRECTOR ANNE BURNIE HOSPITAL ARUNDE 10e. STATE 10b. COUNTY IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Anne Arundel Crownsville 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1044 Docksor Drive 21032 USA 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerlo Rican, etc.) 14. RACE --- American Indian, Black, White, atc. 1 Never Married 2 M Married FORCES? 1 YES 2' BY 1 TES 2 NO Specify: specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Homemaker Household 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Andrew BE Thomasina Paterson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1044 Docksor Dr., Crownsville, Md 21032 Glen Wilson 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION --- City or Town, State Baltimore Md Metro 21. SIGNATURE QE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A., 851 Annapolis Rd Gambrills, Md 21054 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate shock, or hasrt failure. List only one ceuse on each line. intarval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition Ovarian Cancer, metactatic to lung and liver 3 445 resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24h WERF ALTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending BY 1 YES 2 NO Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide determined 290. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER BE 29d. DATE SIONEO (Month. Day, Year)

D46052

1600 Crain Highway, Ste. 605 BECK, MID 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

SHERD

9 1995

31. DATE FILED (Month, Day, Year)

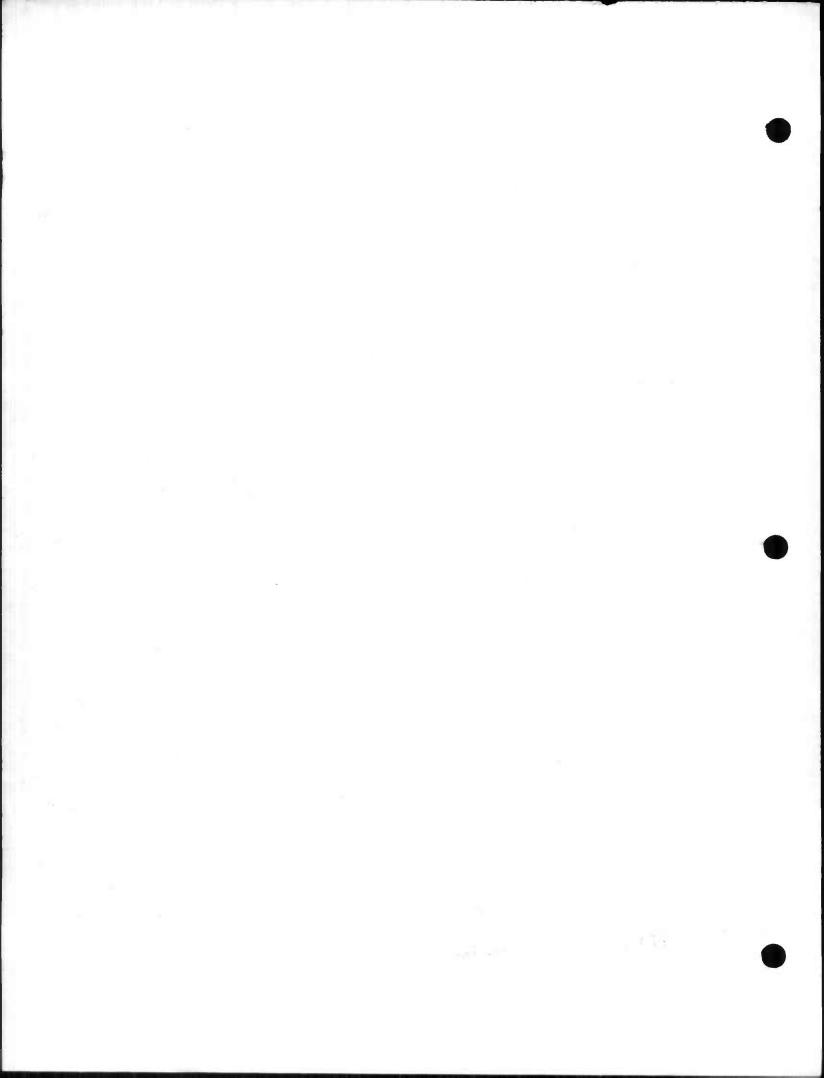
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Glen Burnie, MD 21061

D THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death, Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Heatht and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: II

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Ì	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH
	MARTHA MARIE	YOUNGBLOOD	SEPT. 15
п	4 COCIAL SECURITY NUMBER	S SEV S APE the complete high dead of the property of the prop	2 DATE OF BUTTU

1. DECEDENT'S NAME (First, Middle, La	77					2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH	
THANKATHA	MARTHA MARIE YOUNGBLOOD							1995	09:11A. ₩	
4. SOCIAL SECURITY NUMBER 213-24-7144	5. SEX 1 M 2 XF		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E DEC.]	BIRTH (Pay. Year) 1931	8. BIRTH Country MAF	PLACE (Store or Foreign CYLAND		
	90. FACILITY NAME (N not institution, give street and number) 90. CITY, TOWN OR LOCATION OF STREET OF THE PROPERTY OF STREET OF ST							NE AR		
RESIDENCE OF DECEDENT										
		ALTIMORE CITY BALTIMORE  BALTIMORE							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
NORTH ARUNDEL HOSPITAL    FRESIDENCE OF DECEDENT   100. CITY, TOWN OR LOCATION								U.S.A	HAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 X Merried  3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2	RMED	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, stc.)  1 VES 2 NO Specify:  1. Specify:  WHITE					
(Specify only highest g Elementary/Secondary (0-12) 8TH GRADE	TTO SETTLE STATE OF THE SE					I	IND OF BUSINESS/II	NG		
17. FATHER'S NAME (First, Middle, Last) CHARLEY L. CALE							die, Meiden Surname ETTERMAN	)		
190. INFORMANT'S NAME (Type/Print) WILMA SANDS							JRNIE, MI		061	
20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 1  4 Donetton 6 Other (Specify)	temoval trom State	comptent or	amatary or other	disposition (N. er place) RK CEME		9/18	BALTIMO		wn, State	
21. SIGNATURE OF FUHERAL SEPTIO	San II	1	011 211	HUBBAT	D FUNERA	CILITY L HOM			n 21220	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Sever to	OR AS A CONSE	QUENCE OF):	y Pul	wordy!	Hype	stens	es l	nes2 esco	
PART II. Other eignificant cond	dtione contributing to	deeth but not	resulting in	the underlyin	g ceuse given in		4a. WAS AN AUTOPS PERFORMED?	Y 24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
DID TOBACCO USE CO	NTRIBUTE TO CA	USE OF DEA	ATH YES	□ NO Ž	UNCERTAI	N D			1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA	HOSPITAL:	26. PLA		(Check only one)						
1 - YES 2 NO	1   Inpatient 2	ER/Outpatient		OTHER:	ne 5 🗆 Residence	6 🗆 Other (	Specify)			
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \) NO \( \) UNCERTAIN \( \)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 \( \) YES 2 \( \) NO  1 \( \) Inpatient 2 \( \) ER/Outpetient 3 \( \) DOA \( \) A \( \) Nursing Home 5 \( \) Residence 6 \( \) Other (Specify)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  1 \( \) YES 2 \( \) NO  28. INJURY AT WORK?  1 \( \) Netural S \( \) Pending Investigation  1 \( \) Netural S \( \) Pending Investigation										
2 Accident 3 Suicide 4 Homicide  28e. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								Route Number,		
CONNECTOR OTHY	HYSICIAN: To the best of e								s) end manner as stated.	
29b, SIGNATURE AND TITLE OF CERT	1 Mogh	Robin	M.D		29c, LICENSE NU	MBER /	29d. D	ATE SIGNED	(Month Day, 1997) 95	
	GНВЕКІ − 34	455 WILE			SUITE 2	.08 – :	BALTIMOR	E, MD	21229	
SEP1 9 1995	Jaha Studen	AR'S SIGNATURE								



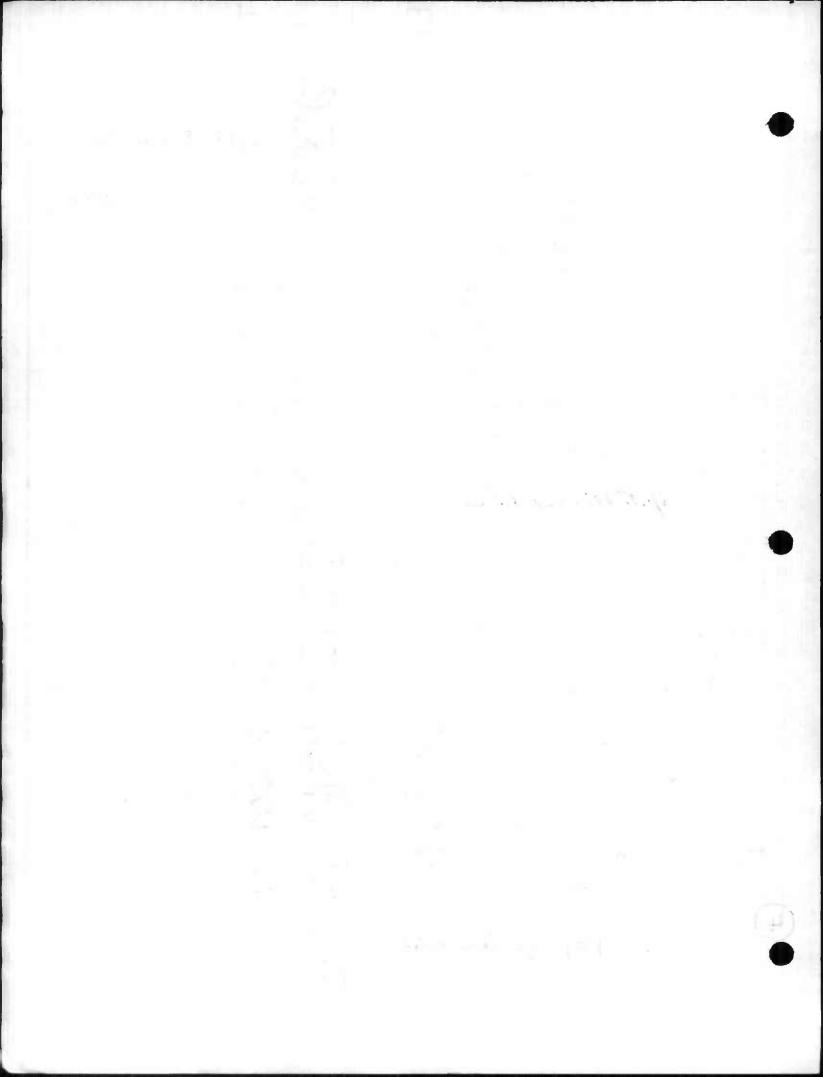
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Pages 1, 2, 3 should		
spital or attending prysician.	hed for use as the burial-transit permit,		
retained by the no	5 should be detact		notified at once
eath. Fage to may be	uneral director, page		caminer must be
THE 24 HOURS STIEL OF	stely filled in by the f	mation, or removal.	it, the medical ex
Cate be executed with	Mysician and comple	e prior to burial, crei	er traumatic even
mar the death certifi	d by the attending p	h and Mental Hygien	iny injury, or oth
IN: The law requires	ficate has been signe	State Dept. of Healt	Item 23 shows a
ALTENDING PHYSICIA	CTDR: After this certif	after death with the	28 is marked, or
THE HOSPITAL DR.	TO THE FUNERAL DIRECTOR: After this co	filed within 72 hours	IPORTANT: If Item
벋	P	8	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE STATE STATE STATE OF MARTICAND / DEPARTMENT OF REALITY AND MENTAL ITTIERE											
1. DECEDENT'S NAME (FIRST			2	2. DATE OF DEATH DAY YEAR 3. TIME OF DE AUGUST 28 1995 2:30								
4. SOCIAL SECURITY NUMBE 231-90-2134		5. SEX 6. A	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	July 11,1919 New Jersey							
10712 Tyron	e Driv					arlboro	EATH				EORGE'S	
10s. STATE MD	10b. COUNTY	e Georges			TOWN OR LOCAT		-18			10d. INSIDE CITY LIMITS?  (XXYES 2 NO		
100. STREET AND NUMBER 10712 Tyro		ve			101	20772			10g. CITIZE	N OF W	HAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 3 KWidowed 4 Dive		12. WAS DECEDENT EV FORCES? 1 1	YES 2 🗐	OF	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 25 NO Specif	an, Puerto I		or No-	4. RACE Black Specifi	— American Indian, White, etc. y: Black	
15. DEC (Specify on Elementary/Secondary (i	CEDENT'S EDUC by highest grade of 0-12)	ATION completed) College (1-4 or 5+)	16s. DE (G life	CEDENT'S US live kind of wo Do NOT use	SUAL OCCUPATION done during more retired.)	ON st of working	16b	. KIND OF BUS	SINESS/INDU	STRY	1	
7th	ficials / aut)		Do	mesti		16. MOTHER'S NA		rivate		stry	/	
Jack Root	moure, Lesty					Norma		widale, welden	Sumame)			
Jacqueline					Tyrone Marlbor	Drive	Aoute Numi		rn, Stata, Zip C	code)		
20e. METHOD OF DISPOSIT  1	TON on 3 X Remo	val from State	20b. PLACE of cemetary	ANO OATE (	OF OISPOSITION	(Name	9/2	E 20c. LO	cation – co		tv, VA	
21. SIGNATURE OF FUNERA	Marie Lice	0 -	7			all's Fu Suitland		1 Home	e, Inc			
iMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition if any, leading to immediate the conditions of t	ations,	LIST ONLY ONE COURSE OF THE TO (OR	on aach iine	OUENCE OF):	SCUM						Approximate interval Between Onset and Death	
ceuse. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ury s	DUE TO (OR	AS A CONSE	OUENCE OF):								
PART II. Other algorifica		contributing to dee			tha underlyin	g ceuse given in	Part I.	24e. WAS AN PERFOI 1 YES 2	RMED?  AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
25. WAS CASE REFERRED 1	O MEDICAL		_		26 P	LACE OF DEATH (C	back only o	201				
EXAMINER?		HOSPITAL:	/Outpatient		OTHER:	ne 5 KRasidence						
27. MANNER OF OEATH  1 Netural 6 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  1 YES 2 NO												
3 Suicide 6 Could not be datermined 26s. PLACE OF INJURY — At home, farm, street, factory, offics building, stc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, offics City or Town, State) 26s. LOCATION (Street and Number or Rural Route Number, City or Town, State)							noute Number,					
one)		CIAN: To the best of my									) and manner as stated.	
29b. SIGNATURE AND TITL	- MD					29c. LICENSE NU D259			≥ Aug	signed	(Month, Day, Year) 29, 1995	
J.M. Berg	er, M	.D. #205	7720	Wis		Ave.,	Beth	esda	, MD	208	314	
31. DATE FILEO (Month, Day,	1 1995	32/REGISTRAR'S	SIGNATURE	dall								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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I ATTENDING PRINCIAM: THE ISM TEQUIPES THAT THE GEATH CEPTINGATE DE EXECUTED WITHIN 24 HOURS ARE DESTR. PAGE 6 MAY DE PETAI	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	
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the contract of the contract o	IN THE MUSICIAL OR ALLENDING PRESIDENCY. THE ISM REQUIRES THAT THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the	be filed within 72 hours after death with the State Dept. of Health and Me	IMPORTANT: If item 28 is marked, or item 23 shows any injur	

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALTH A		HYGIENE REG. NO.				
1000	1. DECEDENT'S NAME (First, Middle, Last)	Villiam Lea Aydlo	nder Ay			DEATH Aug. 6,1	995 3. TIME OF DEATH PM			
31000	4. SOCIAL SECURITY NUMBER 224-03-4012	¹\$\m2□F 87	In yrs. last birthday) YRS.	27) 411 033	Marcl	ĥ10,190				
TOR	8a. FACILITY NAME (If not institution, give :  Meridian Nursi RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION  La Plata	OF DEATH	100	arles			
DIRECTOR		rles		town or Location  Valdorf			10d. INSIDE CITY LIMITS?  1  YES 2 X NO			
FUNERAL	10e. STREET AND NUMBER 2731 Moran	Drive		10f. ZIP CODE 206	01		S.A.			
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 <b>2</b> 90	13. WAS DECENDENT OF III yes, specify Cuben, I			14. RACE — American Indian, Black, Whita, etc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2		(Give kind of w life. Do NOT us	usual occupation ork done during most of working retired.)		Enginee				
BE COA	17. FATHER'S NAME (First, Middle, Last) W Franklin A	illiam Nydlotte		Clar	rs name (First, Midd ca Stap:	les Ayd	llotte			
٩	Eleanor R. Ayo	llotte		ADDRESS (Street and Number or Moran Drive			,			
	20a. METNOD OF DISPOSITION  1			FDISPOSITION (Name of Transcription Cremat			dria, VA			
	21. SIGNATURE OF FUNERAL SERVICE LIN	M0081	7	22. NAME AND ADDRESS Arehart P.O. Box	Echols	Funeral a Plata,	Home, Inc. MD 20646			
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. A the cause on as	the death. Do nach line,	Concer)	such as cerdiac	or reapiratory arm	Approximata Interval Between Onset and Daeth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Corn	CONSEQUENCE OF	usi)	Bin	1 m				
AL CE	PART II. Other algnificant condition	a contributing to deeth be	ut not resulting in	n the underlying ceuse give	en in Part I. 24	. WAS AN AUTOPSY	24b, WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICA						PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp	ations 3 DOA	26. PLACE OF DEAT						
ву РНУ	27. MANNER OF DEATN  1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 28c, INJURY AT	28d, DESCRI	BE HOW INJURY OCC	URED			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, si	reet, factory, offica	281. LOCATIO City or To	ON (Street and Number own, State)	or Rural Route Number,			
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beale of examination		d at the time, date and place, an h, in my opinion, deeth occured			d. couse(a) and menner se stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON WH	JU011	ATN (ITEM 27) (7/796,	Print)	E NUMBER	2945. DATE	SIGNED (Mopon, Day, Mar)			
	31. DATE FILED (Month, Day, Year)	32. REMSTRAR'S SIGNA	1-1-1-	whenha	10. M	aldri	1. M/50803			
	SEP 0 8 1995	Jalia d'Awal	ion tandall				DHMH-16 Rev 1/89			

Lett Miller Physics

BALTIMORE, MARYLAND 21215-0020	/ be retained by the hospital or attending physician.	age 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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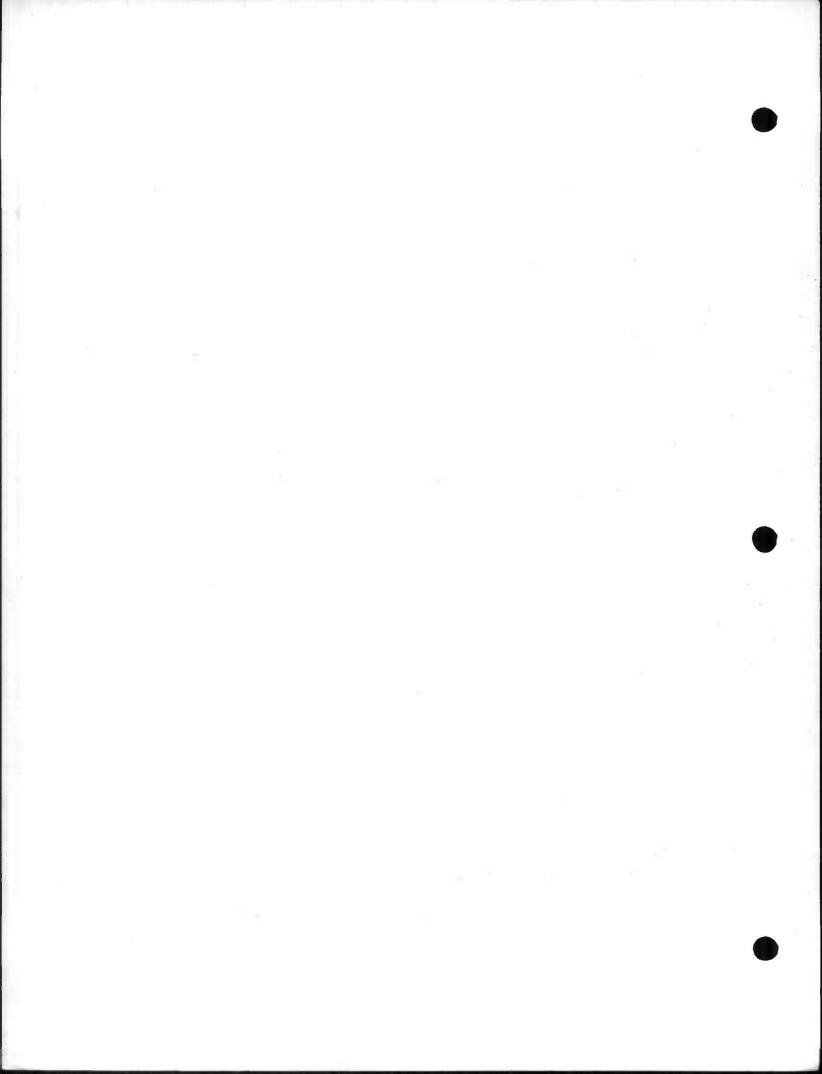
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	FOR STATE REGISTRAR	STATE OF N					EALTH DEAT		MENTAL	HYGIEN REG. NO.	E				
11	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			. TIME (	OF DEATH	
- 6	DEWEY E.	Δ1	1TOWER						Augi			995	6.	26 a. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st hirthday)	IE IIMDE	R 1 YEAR	IF UNDER	24 MRS		OF BIRTH	0 1				
	236-20-9911	1 👽 M 2 🗆 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day Year)	010	8. BIRTHPLACE (State or Foreign Country) West Virginia			
- 1	9a. FACILITY NAME (If not institution, give s	41	76							. 10,1				rginia	
or I							R LOCATIO		ATH			NTY OF DEA			
2	Memorial Hospital	& Medica	al Cente	er	0	umbe	rland	d			Al.	legany	y		
낊	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,		I inc cit	V TOWN	DR LOCAT	TON							IDE CITY	
DIRECTOR	IIII Mi-	1		1									LIMI	ITS?	
	WV Min	eral			Buri	ingt								8 2 XNO	
¥						101	. ZIP CODE				10g. CIT	IZEN OF WH	AT COU	NTRY?	
FUNERAL	Rt. 1, Box 2					$\bot$	267	710				USA			
E	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF		13.		ENDENT OF			7 (Specify Yes	or No-	14, RACE - Black, V	- Americ	can Indian,	
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W					5XXND			mount, atos,		Specify:			
													W	hite	
巴	15. DECEDENT'S EDU (Specify only highest grade		(G	ECEDENT'S	work done	durina mo	N st of working	2	16b.	KIND OF BUS	SINESS/INC	DUSTRY			
<b>3</b>	Elementary/Secondary (0-12)	College (1-4 or 5 +	)	. Do NOT u											
₹	8		Bu	ıs Dr	iver	/Ele	ctri	cian	C	ounty	Scho	ol Sys	ster	n	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAM	ME (First, A	Aiddle, Maiden	Sumame)				
BE	William E.	Amtower					Ma	ae l	Hilke	ev					
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural R	Poute Numb	er, City or Town	n, State, Zip	Code)			
F	Gearaldine Amto	wer		Rt.	1, B	ox 2	14 H	Burl:	ingto	on, WV	26	710			
	20e. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	DF DISPO	SITION (Na						City or Town	, Stata		
- 1	XX Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Potom								vser	1717			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	11	22.	NAME AP	D ADDRES	S OF FAC	YTUK			, WV			
	1344	71	, RX			Rotr	uck-S	Smitl	h Fur	neral	Home				
	restate	012000	0042			85 S	. Mai	n S	treei	Kev	ser.	WV 2	672	26	
	23. PART i. Enter the diseases, or a shock, or heart feiture.	complications that List only one ceu	caused the de se on each line	eath. Do i	no1 ente	r the mo	de of dyle	ng, auch	n aa card	lac or reapl	ratory an	reat,		proximate arval Between	
- 1	IMMEDIATE CAUSE (Final													set and Death	
	disease or condition resulting in death)	. Pulmo	nary E	Embo	lis	n							1	day	
- 1		DUE TO	OR AS A CONSE	DUENCE O	F):										
Z	Secure Heller Het er eller	b													
E I	Sequentially list conditione, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):										
CERTIFICATION	CAUSE (Disease or Injury	С.											1		
E	that initiated evanta	DUE TO	DR AS A CONSE	DUENCE O	F):										
	resulting in death) LAST	d													
	PART II. Other algnificent condition	a contribution to	dooth but not		las Alexania	and and other		to control	Dist. I				1		
₹ I			dearn put not i	reeuiting	in the U	nderiyin	g cause g	iven in i	Part I.	24a. WAS AN PERFOR		A	MILABLI	TOPSY FINDINGS E PRIOR TO	
ă	_Diabetes_Mell	1tus								1 - YES 2	ONXX	0	OMPLET F OEATH	ION OF CAUSE	
¥.	_CAD								_			1	_ YES	3 2 🗆 ND	
PHYSICIAN: MEDICAL															
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Che	ck only on	•)					
S	1 TYES AND	1x inputient 2	ER/Outpatient 3	DOA	4 Nu		e 5 🗆 Ras	aldence (	6 🗆 Other	(Specify)					
£	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY by Mari	28b. TIM	E OF	28c. INJ	URY AT		28d. DES	CRIBE HOW II	JURY OC	CURED			
ВУ	1 Natural 5 Pending Investigation	(1.10.1.1.)	·y, 10u1)		M	1 🗆 1		ND							
	3 Suicide 8 Could not be	28e. PLACE D	INJURY — At he	ome, 1arm,	street, 1sc	tory, offic	1		281. LOCA	ATION (Street a	nd Number	r or Rural Rou	te Numb	ber,	
三	4 Homicide detarmined	ounging,	etc. (Specify)						City	or Town, State)					
4	29a, CERTIFIER DESCEPTIEVING PHYSI	CIAN: To the hear of	mu kaandadaa d	ath a						4.					
COMPLETED	(Check only one)														
8	2 MEDICAL EXAMINE		ANTHERIOR BOOK	vestigatio	m, in my	opinion, d	eath occur	od at the i	time, date	end place, an	d due to th	ne cause(a) a	nd man	ner an stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	110	10.	100			29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED (M	lonth, De	ay, Year)	
2									1995						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

William Lamm, M.D.
31. DATE FILES EP. 7.5 1995

Jacos Warsh Scharton Avenue Cumberland, MD 21502



BALTIMORE, MARYLAND 21215-0020 urs after death.

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RECORDS, P.O. BOX 68760	COUTAL OD ATTENDARIC DUVCINIANIST The last consistent that the death partificate he asserted with
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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH AUBREY ADILINS SEPTEMBER 451 2357 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🔯 M 2 🗌 F YRS. 215-14-3642 71 AUG. 11. MARYLAND Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WICOMICO SALISBURY DIRECTOR PENINSULA REGIONAL MEDICAL CENTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY SUSSEX DELAWARE SELBYVILLE permit. 1 YES 2 K NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burlal-transit 3 PINTAIL DRIVE 19975 USA Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burlal-trans 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yea, specify Cuban, Mexican, Puarto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. II yes, specify Cuban, Mexican, P

1 YES 2 NO Specify: 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced WWII WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 10 ELECTRICIAN CONTRACTOR 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LLOYD ADKINS CATHERINE LOWE BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ADKINS WILMA Μ. PINTAIL DRIVE, SELBYVILLE, DELAWARE 19975 2 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must SALISBURY CREMATORY 4 Donation 6 Other (Specify) 9/2/95 SALISBURY, MARYLAND 21. BIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY funeral HASTINGS FUNERAL HOME, SELBYVILLE, DE. 1997 the medicai 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. filled in by Approximate 6 IMMEDIATE CAUSE (Finel Onset and Death the cremation, disease or condition_ Y85 HEART DISEASE ISCHEM 12 completely event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF)in and control to burial, traumatic HEART FAILUME CONGESFIRE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate attending physician prior LB. CITEMIL
DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING LARDIUMYUPATHY CAUSE (Disease or injury other that initiated events resulting in death) LAST ASCVD 6 Mental the the PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 U YES 2 HO OF DEATH? 1 YES 2 NO need . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \square\) PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate I HOSPITAL:
1 Pinpetient 2 ER/Outpetient 3 DOA OTHER: 1 | YES 2 1 NO 4 Nursing Home 5 Residence 6 Other (Specify) 9 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE NOW INJURY OCCURED this with 1 Natural 5 Pending 1 YES 2 NO BY After I death nvestigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, tactory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 THE HOSPITAL OR ATTENDI THE FUNERAL DIRECTOR: A filled within 72 hours after of COMPLETED 6 Could not be 4 Nomicide 28 Hem. 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attated. TO THE HOSPITAL TO THE FUNERAL C be filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE greenis 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Quincy+Locust-ots.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

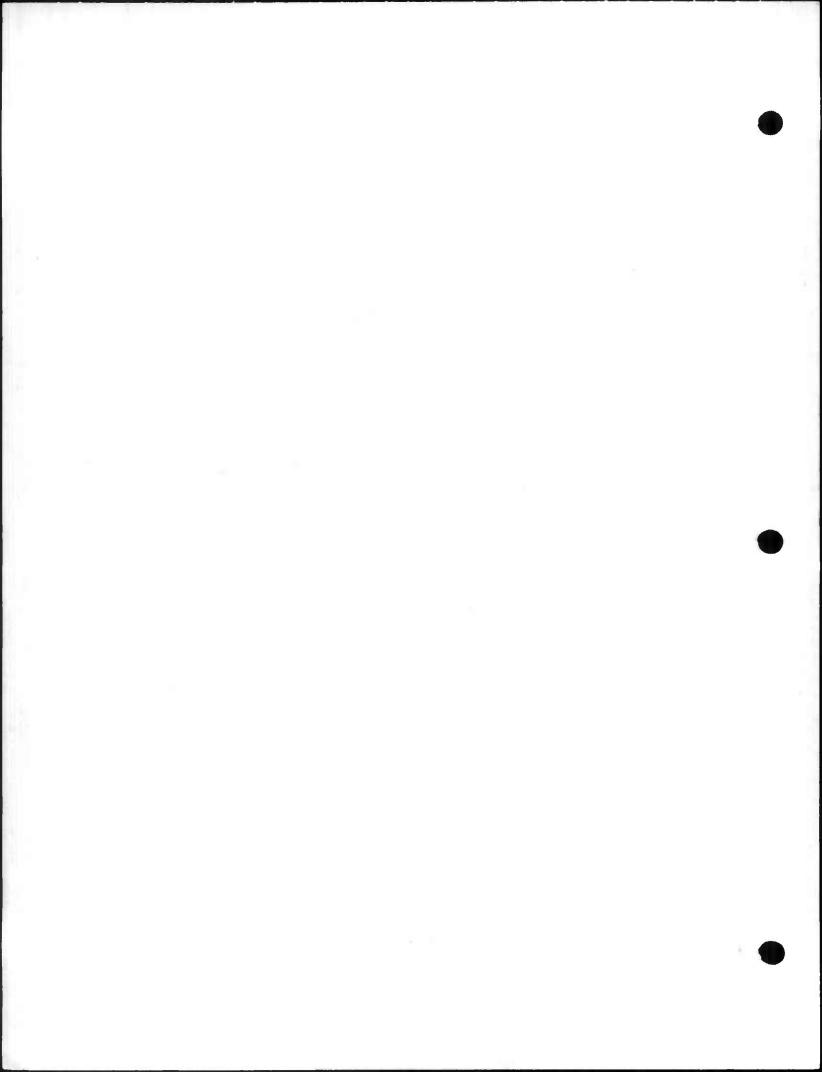
Dennis Chodmicki.

32. BEGISTRAR'S SIGNATURE

Jalin Davidson Revolate

SEP 05 1995

Sal. 56010

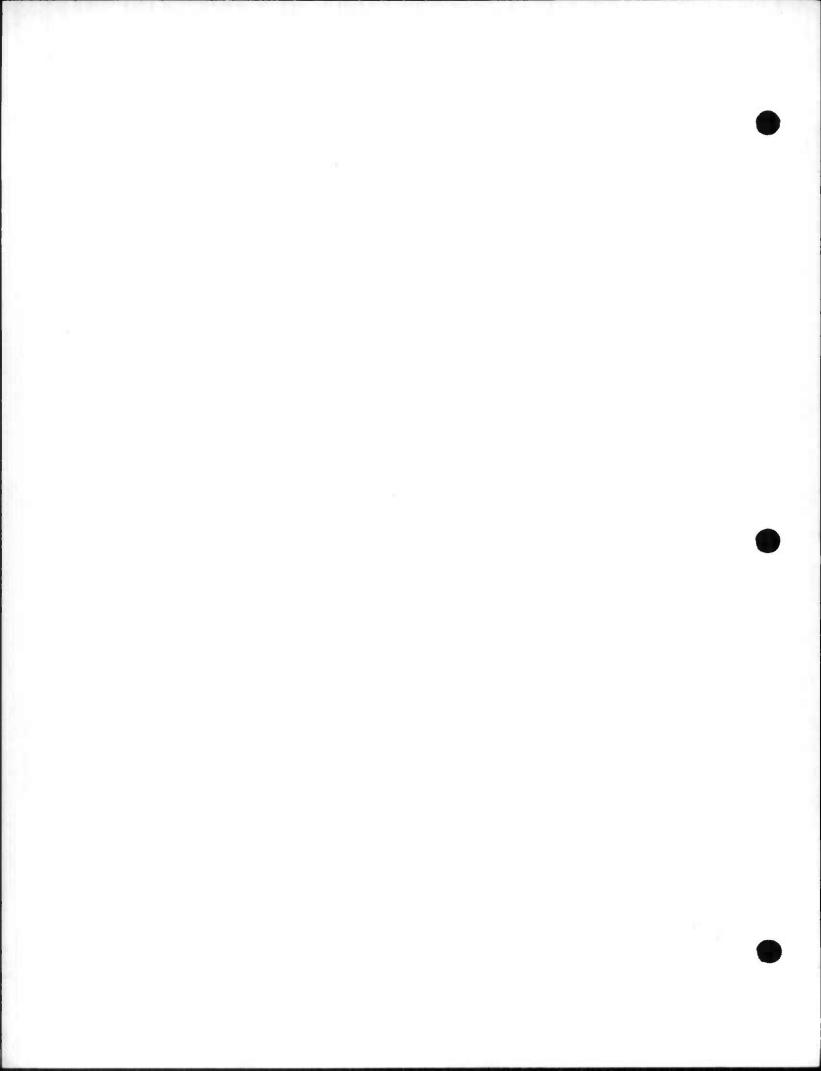


BALTIMORE, MARYLAND 21215-0020	by the hospital or attending physicia
MORE, MAR	Page 6 may be retained b
BALTI	hours after death. P
0X 68760	be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68769

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			MENTAL HYGIENI REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Lest)	Thelma	GERTRUDE	AL	OKINS	2. DATE OF DEATH MONTH DATE		3. TIME OF DEATH 2.200, M		
	4. SOCIAL SECURITY NUMBER 212-52-5615	1 □ M 2 🔀 F 8	35 YRS. MO	UNDER 1 YEAR NYHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) February 20,	8. BIRTHI Country	PLACE (State or Foreign aryland		
TOR	98. FACILITY NAME (If not institution, give s PENINSULA REGIO RESIDENCE OF DECEDENT				ISBURY	EATH	9c. COUNTY OF DE			
DIRECTOR	10e. STATE 10b. COUNT	omico		rsonsbu	I MITS					
FUNERAL	32115 Old Ocean	City Rd.		101	ZIP CODE 21849		10g. CITIZEN OF W			
ВХ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	3 XNO	If yes, spe		NIC ORIGIN? (Specify Yes in, Puerio Rican, etc.) y:	Specify	— American Indian, , White, etc. y: ite		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USL (Give kind of work life. Do NOT use re-	done during mo- tired.)	st of working	166. KIND OF BUS		100		
BE COM	17. FATHER'S NAME (First, Middle, Last)  James Ulmer Ad	kins			18. MOTHER'S NA Lillian	ME (First, Middle, Meiden S n Tilghman	Surname)			
5	Margaret Toadvin		4 1 2 0	Union (	Church Ro	Route Number, City or Town d., Salisbu	ry,MD 21			
	20a. METHOD OF DISPOSITION 1 (X Burlel 2   Cremation 3   Ram 4   Donation 5   Other Specify) 21. SIGNATURE OF FUNERAL SERVICE LK	ovel from State Come Wi	PLACE AND DATE OF D etery, crematory or other p .COMICO Met	morial 22. NAME AN	Park D ADDRESS OF FA	9/1 Sal	isbury,			
CERTIFICATION	23. FART L. Enter the diseases, or complications that of used the death. Do not enter the mode of dying, auch as cerdiac or reapiratory arrest, shock, or heert fellure. List only one cashe on each line.    Approximate Interval Between Onset and Desth of the cash of the									
PHYSICIAN: MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying couse given in Pert I.  Diabita (a) DDM) : Profined resulting in the underlying couse given in Pert I.  1 yes 2 No  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
rsicia	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe		HER:	5 🗆 Rasidenca	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 Y	RK? ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Specif	— At home, ferm, stree fy)	t, factory, office	f, office  2ef. LOCATION (Street and Number or Rural Route Number,  City or Yown, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basts of axaminetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  \$\int 8 - \chi 9 \chi 8 - \chi 9 \chi 8							
	30. NAME AND ADDRESS OF PERSON WHO  TO, E. Crouch } 1  31. DATE FILEO (Month, Day, Year)	05 Pus Blue	4 Rd 40		olispan	, HO Zite	14			
	SEP 01 1995		Rardall							



		ermit. Pages 1, 2, 3 should		AL DIRECTOR
BALTIMORE, MARYLAND 21215-0020	is after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-trans removal.	idical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

V	VILFORD AYDELOTTE							9	5	28133
	1 - FOR REGISTRAR	STATE OF MA			TMENT OF I		MENTAL HYGIEN	E		
	1. DECEDENT'B NAME (First, Middle, Last)	11116				DEATH	2. DATE OF DEATH MONTH DA	NY .	YEAR	3. TIME OF DEATH
		Wilford					Aug. 29	199		1:10 P M
	4. SOCIAL SECURITY NUMBER		L AGE (In yrs. lesi	birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	HPLACE (State or Foreign
	218-34-9806	1 M 2 D F	79	YRS.			3-17-1916			Md.
_	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COL	JNTY OF D	DEATH
DIRECTOR	Salisbury Nursing	& Rehab	Center		Salisb	ury, Mary	yland	Wic	comic	30
3	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
ā	Md. Wicon	nico			Pittsvi	110				LIMITS?
甘	10s. STREET AND NUMBER					. ZIP CODE		10q. CIT	TIZEN OF Y	WHAT COUNTRY?
FUNERAL	34334 Main Stree	o t				21850			U.S.	and the same of th
Z	11. MARITAL STATUS	12. WAS DECEDENT	FVFR IN U.S. ARI	4ED	12 WAS DE		IIC ORIGIN? (Specify Yes			
	1 Never Married 2 Merried	FORCES? 1 F	YES 2 V N	0	II yes, sp	ecify Cuben, Mexice	n, Puerto Rican, etc.)	or No-	Black	E — Americen Indian, k, White, etc.
B⊀	3 🔀 Widowed 4 🗌 Divorced	IF TES, GIVE WAT	OH DATES		1 U YES	2 X NO Specify	<i>t</i> :		Speci	White
	15. DECEDENT'S EDUC		16a, DE0	EDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BUS	INESS/IN	DUSTRY	WIIICO
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(GA	e kind of w Do NOT us	vork done durina me	est of working	1000		DOGINI	
7	12	Conege (1-4 bt 5+)	Fa	rmer			Own F	arm		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		14	LINCI		18 MOTHER'S NA	ME (First, Middle, Meiden			
	John Aydelotte									
BE	19a. INFORMANT'S NAME (Type/Print)		404	MAHIMA	ADDRESS (Cr.)		rcie Bosto Poute Number, City or Town			
2										
,	Mary Katherin	ie Aydeloi					alisbury,			
	X Buriel 2 Cremation 3 Remo 4 Donation 6 Ster (Specify)		cometery, crer.	natory or ot	of disposition (No her place) Memorial				ry, N	
ŀ	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /	0		22. NAME A	ND ADDRESS OF FA				
	+ Duneld	1/50	/							
	22 POUT   Enter the diseases on a	1 over	NOY		Bound	s Funera	1 Home, Sa	lisb	ury,	
	23. PART i. Enter the diseases, or co shock, or heart fellure. L	int only one cause	on each line.	ith. Do n	ot enter the mo	da of dying, auci	h as cardiac or reapi	ratory ar	reat,	Approximate interval Between
ŀ	IMMEDIATE CAUSE (Final		~		2		1			Onset and Death
ļ	disease or condition resulting in death)	(1 cas	re	1/1	lan	nan	edan	war	_	herres
ŀ		OUE TO (O	R AS A CONSEQ	UENCE OF	7:	. 2	- 00			
Z	Sequentially list conditions,	) ter u	nd	1)2	and	ant	COPD			years.
ĔI	if any, leading to immediate	oue to to	R AS A CONSEQ	UENCE OF	1	1				0,00
걸	CAUSE (Disease or Injury	240	ce	6	(L) /2	mi pl	Lens			1175
RTIFICATION	that initiated events resulting in death) LAST		R AS A CONSEO	UENCE OF	):- ()	2	8			3-1
CER	d.	0 x a	Ce	<u> </u>	-idio	lal				1/95
- 11	PART II. Other significent conditions	contributing to de	eath but not re	sulting l	n the underlyin	cause given in	Part I. 24s. WAS AN	MITOPSV	I 24h	. WERE AUTOPSY FINDINGS
MEDICAL	(-ERO	1	2	- 1	1 1	(6	PERFOR		1 240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	0. 0				V G-CS	Cow	1 TYES 2	NO NO		OF DEATH?
Σ	DID TOP ACCOUNTS		o desc	ess	100	EJOH &	rices			1 - YES 2 NO
Ž	DID TOBACCO USE CONTR	IROTE TO CAU				UNCERTAIN	1 L			
PHYSICIAN:		HOSPITAL:		T	H (Check only one)  OTHER:					
YS	1 VES 2 NO	1   Inpetient 2   E		□ DOA		e 5 🗆 Residence	6 Other (Specify)			
표	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIME INJU		URY AT	26d. DESCRIBE HOW IN	JURY OC	CURED	
à	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆	/E\$ 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — Al hon L (Specify)	ne, ferm, a	treet, fectory, offic	•	281. LOCATION (Street e. City or Town, State)	nd Number	or Aural A	loute Number,
= 1	- vereininged									

29e. CERTIFIER 1 Z CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER

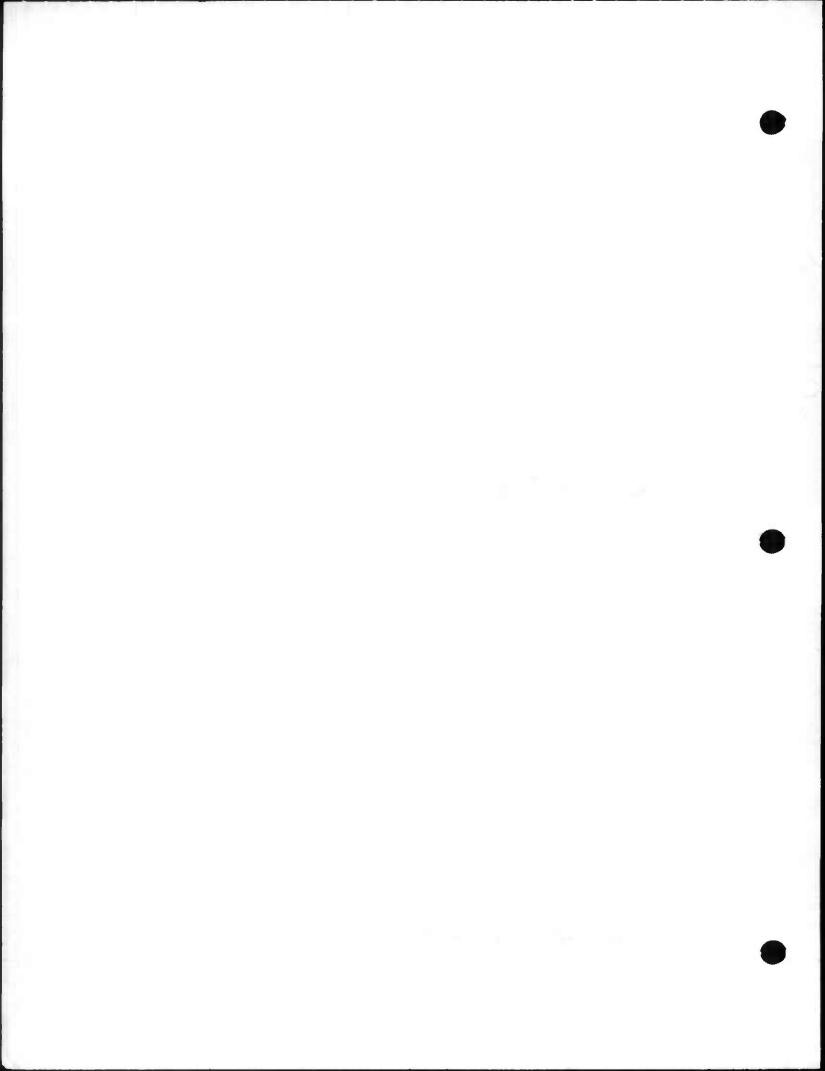
ion end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

D-29349

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WILLIAM ROBINS, M
31. DATE FILED (Month, Day, Year)
AUG 31 1995 1104 HEALTHWAY DR., SALISBURY, MD. 21801

32. AGGISTRAB'S SIGNATURO



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a hours after death. Page 6 may be n	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT if I am 28 is marked or item 23 shows any Injury or other traumatic event the medical aramines must be a
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Eric Ciganek, 131. DATE FILED (Month, Day, Year)

AUG 21 1995

109 Commerce
32. Redistrates signification

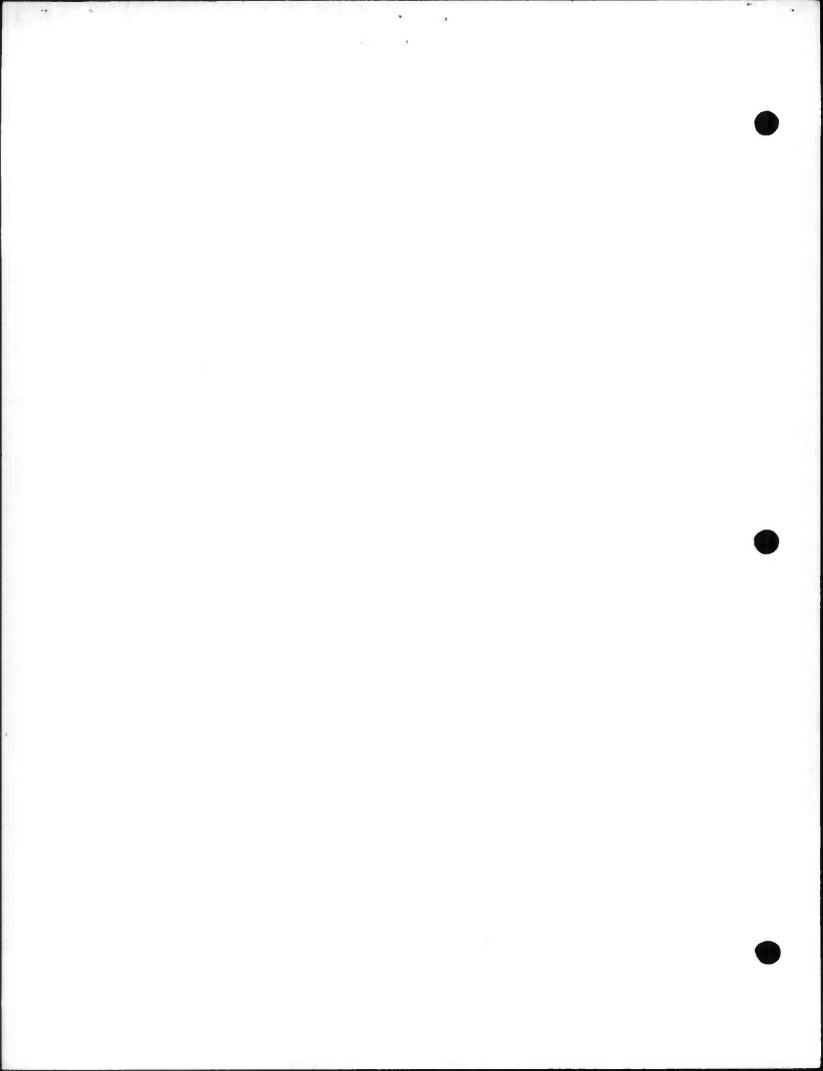
Julia Daniello

									95	1	8   34
	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / I	DEPAR RTIF	TMENT OF	HEALTH	AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	Louise Margare	et Smull	en Blo	oom					1 0	YEAR	
			AGE (In yrs. last t		IF UNDER 1 YEAR	IF UNDER	24 4000	Aug. 20	, 19	95	6:45 A N
	044 44 444	1 M 2 XF	91	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Countr	ry)
				Tho.				Sep. 19,	1903	Ma	ryland
~	Maradian Nursing				9b. CITY, TOWN	OR LOCATI	ON OF DE	HTA	Sc. COL	INTY OF D	EATH
Ö	Meredian Nursin	ig cente	: [		Cent	revi	110		Qu	een	Anne's
5		ATATA AND AND AND AND AND AND AND AND AND AN									
DIRECTOR					-	TION					10d. INSIDE CITY LIMITS?
										1 TES 2 NO	
₹	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT CO									WHAT COUNTRY?	
FUNERAL	1000 East Joppa Road 21204 U.S.A.									A .	
5		12. WAS DECEDENT EV	ER IN U.S. ARM	ED	13. WAS DE	CENDENT C	F HISPAN	IIC ORIGIN? (Specify Ye	s or No-	14. RACI	E — American Indian,
BY F	1 Never Married 2 Married	IF YES, GIVE WAR	ICES? 1 YES 2 NO If yes, specify Cuben, Mexican ES, GIVE WAR OR DATES I YES 2 NO Specify:						Speci	k, White, etc.	
	3 😾 ∰dowed 4 🗌 Divorced										White
	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DECE	EDENT'S	USUAL OCCUPAT	ON		16b. KIND OF BU	SINESS/IN	DUSTRY	
		College (1-4 or 5+)	We. D	Do NOT us	e retired.)			Gonore	1 M	oral	nandise
A P	8		Sa.	les.	lady/G	en⊥.	Mgi	c. Genera	al Pi	erci	landise
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					16. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)		
101	Alfred Smullen					L	ouis	se A. Gas	stig	er	
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADORESS (Street	and Number	or Aumil I	Route Number City or Tow	n State Zi	n Code)	
5	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Frances Taylor  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1715 Bayside Dr., Chester, Md. 21619										
	20s. METHOD OF DISPOSITION  1 State 1 Commettion 3 Removal from State 4 Donetton 5 Other (Specify)  20s. PLACE AND DATE OF DISPOSITION (Name of cametery, cramatory or other place)  Aug. 23, 995  Md. Veteran's Cemetery Hurlock, Md.										
	1 公費frial 2 □ Cremation 3 □ Remove 4 □ Donation 5 □ Other (Specify)	al from State	Md. V	atory or o	ther place)	0	Aug	g. 23, 1995	2	- 1-	M-3
	20b. PLACE AND DATE OF DISPOSITION  1 State 2 Cremation 3 Removal from State 2 Cremation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE  20b. PLACE AND DATE OF DISPOSITION (Name of Cametery, Crematory or other place)  Aug. 23, 995  Md. Veteran's Cemetery  4. Donestion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE  22. NAME AND ADDRESS OF FACILITY  TOM Helfenbein Funeral Homes, P.A.										
	141 15	1.10			Tom	Helf	enbe	ein Funer	cal	Home	es, P.A.
	Mimas K. Ja	Merke.	<		106	Sham	roc!	Rd., Ch	nest	er,	Md. 21619
	23. PART I. Enter the diseases, or con	mplications that ca	used the deat	th. Do r	ot enter the m	ode of dy	ing, auci	h ss cardiac or resp	iratory ar	rest,	Approximate
	shock, or heert fallure. List only one ceuse on each line.  Interval Between IMMEDIATE CAUSE (Final										
	disease or condition a. BULLOUS PEMPHIBUS  DUE TO (OR AS A CONSCOUENCE OF):										
	CHRONIC OBSTRUCTUR PULMONARY DISEAS										
CERTIFICATION	Sequentially list conditions,										
AT	cause. Enter UNDERLYING										
문	CAUSE (Disesse or injury that initiated events	DUE TO (OR	AS A CONSEQU	IENCE OF	n:						
E	resulting in death) LAST	,			,						j
	d			_							
<u> </u>	PART II. Other significant conditions	contributing to der	th but not res	uiting i	n the underlyin	g cause (	given in			24b.	WERE AUTOPSY FINDINGS
MEDICAL	DBMBN	TIPA						PERFOR			AMAILABLE PRIOR TO COMPLETION DF CAUSE
								1 □ YES 2	Del MO		DF DEATH?
2	DID TOBACCO USE CONTRI	DLITE TO CALIS	E OF DEATH	u ve	c [] NOSE	7° 11516	EDTAIA				1 YES THE NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	BOIE TO CAUS			H (Check only one	3- ONC	EKIAI	4 L			
<u>□</u>	EXAMINER?	HOSPITAL:		T	OTHER:						
l ≼		☐ Inpetlent 2 ☐ ER					sidence	6 Other (Specify)			
급	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJU		26b. TIMI		DRK?		28d. DESCRIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation				M 1 🗆	YES 2	NO				
	3 Suicide 6 Could not be	28e. PLACE OF IN. building, etc.	JURY At home (Specify)	e, term, s	treet, tectory, offic	ie.		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ETE	4 Homicide determined							,,,			
12	29a. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my	knowledge, desti	h occurre	d at the time, date	and place	and dua	to the cause(a) and mar	nner as ste	ted.	
COMPL	one) 2 MEOICAL EXAMINER:										) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		and the second laboratory								
BE	3.F- (1)	. ala M	11			Zyc. LICI	ENSE NUN	H &			(Month, Day, Year)
2	30 NAME AND ADDRESS OF REPORT WITH	COMPLETED COMP	5 2542	ATA /*	24.0		150	10	F 1	Aug.	21, 1995
4 4 1	30. NAME AND ADDRESS OF PERSON WHO	JUMPLETED CAUSE O	T UNATH (ITEM :	27) (Type,	Print)						

St.

21617

. Centreville, Md.



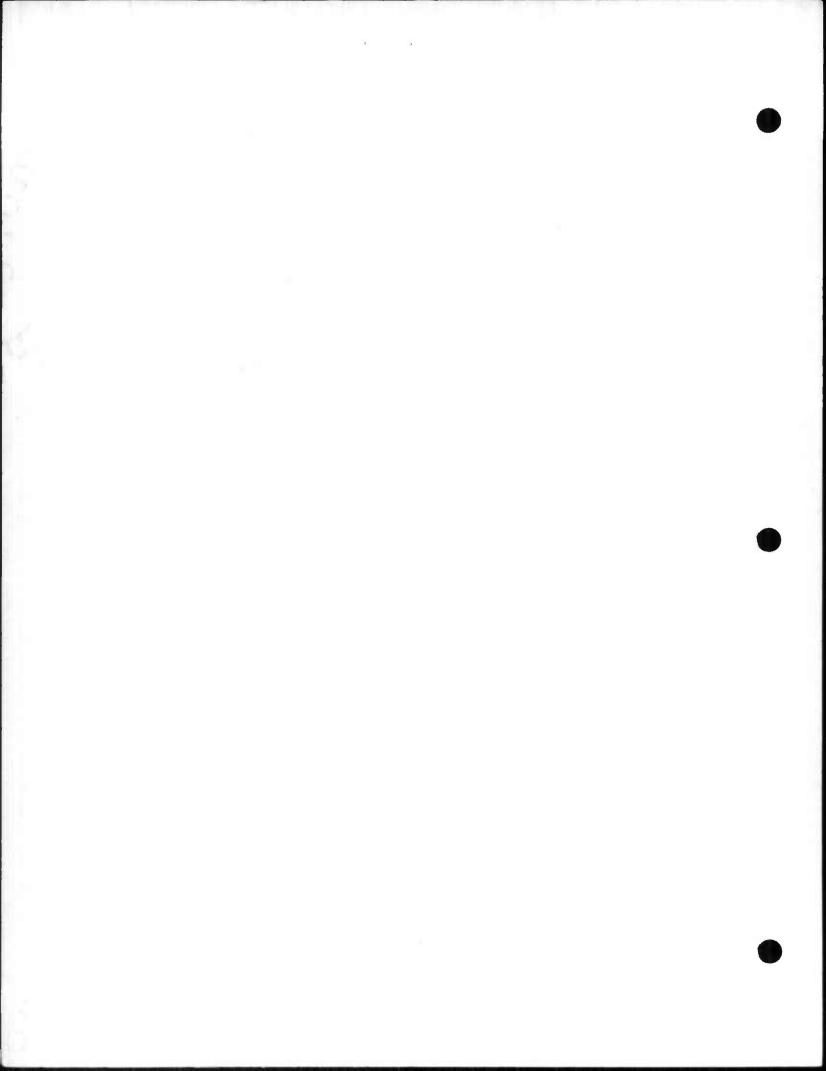
		1 - STATE REGISTRAR	STATE OF MARYL		ARTMENT OF FICATE OI		MENTAL HYGIE REG. N		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		Pauline Marie					Aug. 3	1995	13:15
		294-10-4653		(In yrs. lest birthdey	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
pinous		9a. FACILITY NAME (If not institution, give :		76 YRS.	Oh CITY TOWN	OR LOCATION OF	Feb. 24,1	919   9c. COUNTY	Ohio
2, 3 sh	e o	14 C Mariners				ensville			en Anne's
	딦	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y	10c C	ITY, TOWN OR LOC		-		
permit, Pages	DIRECTOR		en Anne's		tevensv				10d, INSIDE CITY LIMITS?  1 YES 2 NO
	FUNERAL	100. STREET AND NUMBER 14 C Mariners	Wav		1	21666		10g. CITIZEN	U.S.A.
020 physician. burial-transit	N N	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE		ANIC ORIGIN? (Specify Y	/es or No.— 14.	RACE — American Indian,
	ВҰ	1 Never Married 2 Married  Widowed 4 Divorced	FORCES? 1 YES	ATES NO	If yes, i	specify Cuban, Mexic S 25 NO Spec	can, Puerto Ricen, atc.)		Specify: White atc. Specify: White
r attending	LED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	'S USUAL OCCUPAT	TION nost of working	16b. KIND OF B	USINESS/INDUST	TRY
	APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)  S Lady		Ret	ail C	lothing
/LA	COMPL	17. FATHER'S NAME (First, Middle, Last)  Joseph D. Chan	nberlain				E . McFa		
MAR retained 5 should notified	) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street	and Number or Rura	I Route Number, City or To	own, State, Zip Coo	de)
RE, May be rest page 5 s	2	Thomas D. Broa		61-1	2 69t	h St. A	pt. 3-B	Middle	village, N.
HORE e 6 may rector, pag must b		1 Burlel 2 Coremation 3 Rem 4 Donation 5 Other (Specify)	coval from State Cen	netery, crematory or		Name of Aug	.4,1995	OCATION — City	or Town, Stata
ALTIMOR death. Page 6 m. funeral director, examiner must		21. SIGNATURE OF FUNERAL SERVICE LIS	CEMBER	erro C	remato	AND ADDRESS OF F		altimo	re,Md.
		> Thomak.	Helfuly	in	1106	Shamrod	rk Rd . C	hester	omes, P.A c, Md. 216
hours aft ed in by or remo		23. PART I. Enter the diseases, or ahock, or heart fellure.	complications that ceuse List only one ceuse on e	d the deeth. Do ach line.	not enter the m	ode of dying, su	ch aa cardiac or res	piratory arrest	Approximata interval Between
filled in or the m		iMMEDIATE CAUSE (Finel disease or condition	-	^			-55		Onset and Dea
Within 24 hours after ompletely filled in by the I, cremation, or remove event, the medical		resulting in death)	e. DUE TO (OR AS A	CONSEQUENCE	OF):	CAN	CEL		20 M
	2	Sequentielly list conditions,	DUE TO (OR AS A CONSEQUENCE OF):						
OX 68 e be execut sician and c rior to buri traumatic	ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):				
certificate fing physical property other to	IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):						
G = = 5	ERT	resulting in death) LAST	d		_				
O 2 € 2 €	CAL C	PART ii. Other significent condition	s contributing to death b	ut not resulting	in the underlyle	ng couse given in		IN AUTOPSY	24b. WERE AUTOPSY FINDING
ORI s that the med by lith and any li	DIC						PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M requires that w requires that been signed but, of Health and shows any	MEDI								1 TES 2 NO
De De	PHYSICIAN:	DID TOBACCO USE CONTI			TES NO &		IN 🗆		
- F 2 2 5	SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		OTHER:		6 Other (Specify)		
PHYSICIAN: this certifical with the St.	H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b, TI	ME OF 28c, IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	10
ON OP	ВУ	1 Natural 5 Pending Investigation			M 1 🗆	YES 2 NO			
TTENDI TTOR: A after de	TEO	3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm	street, fectory, offi	Ice	281. LOCATION (Street City or Town, State	t and Number or R e)	tural Route Number,
AL DR AL DIRI 12 hour	APLE		CIAN: To the best of my know						
TO THE HOSPITAL TO THE FUNERAL be filed within 72 ?	COMPL	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigat	ion, in my opinion,	death occured at th	e time, data and placa, a	ind due to the ca	use(s) and manner as stated.
THE F	BE	296. SIGNATURE AND TITLE OF CENTIFIED	PO	1	10	29c. LICENSE NU	MBER 7-2 -		GNED (Month, Day, Year)
₽₽₩.	2	30. NAME AND ADDRESS OF FERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEN 27) (Typ	e, Print)	01	-27	A	ug. 4, 199
								3 044	

Stephen D. Carney, M.D.; 509 Idlewild Ave., Easton,
31. DATE FILED (Month, Day, Year)

32. REGISTRAN'S SIGNATURE

1116 071995

Md. 21601



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

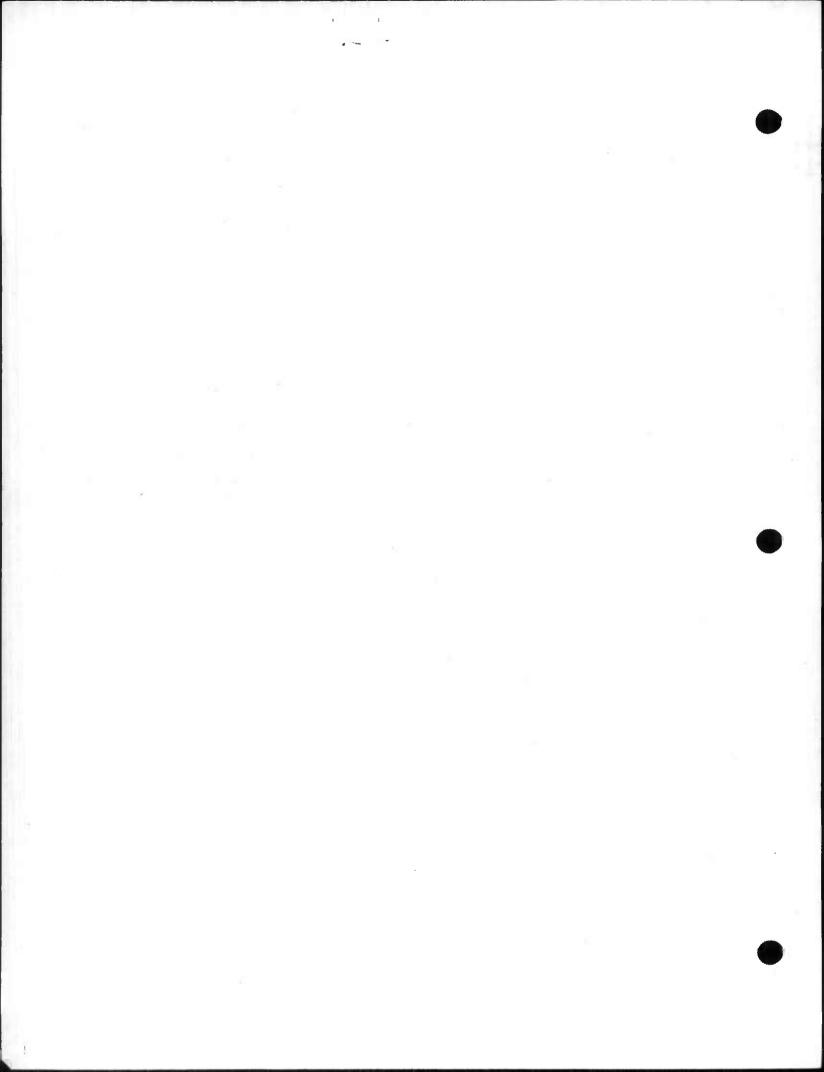
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
÷	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIF	ICATE	OF DEATH	RE	G. NO.					
	DECEDENT'S NAME (First, Middle, Last)     DALLAS	WAYNE			BALL	2. DATE OF DE MONTH SEPTEM	IBER 5,	1 995	3. TIME OF DEATH 9:02A			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIE	RTH		PLACE (State or Foreign			
	224-18-4236	1 🕅 M 2 🗍 F	77 YRS.	MONTHS D	AYS HOURS MIN.	(Month, Day,		Country	)			
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY. TO	OWN OR LOCATION OF D		, 1918	VIII				
<u>c</u>		OPKINS HOSPI	ТАТ	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY					AIN			
18	RESIDENCE OF DECEDENT	OTRINO HODII	TAL	BALTIMORE CITY								
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c, CIT	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY			
1 2	Maryland	Harford		Abir	adon				LIMITS?			
	10e. STREET AND NUMBER			110111	101. ZIP CODE		10a CII		HAT COUNTRY?			
FUNERAL	3405 Philadelphi	a Pd			21000				IAI GOOMINIT			
Z I	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ADMED	12 WM	21009 S DECENDENT OF NISPA		-14 - M M -	USA	- American Indian,			
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If y	es, specify Cuban, Mexic	en, Puerto Ricen,	etc.)	Black,	White, etc.			
B≺	3 Widowed 4 Divorced	IF TES, GIVE WICH OR	DATES	1	YES 2 NO Speci	ly:		Specify	White			
<u>a</u>	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCL	JPATION	16h KIND	OF BUSINESS/IN	DUSTOV	WIIICE			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of Ille. Do NOT u	work done duri	ng most of working	100.11110	OI DOOMESSIN	OGGIAI				
7	Δ	Conege (1-4 or 5+)	Carr	penter			U.S.	COLICIE	nmon+			
S	17. FATHER'S NAME (First, Middle, Last)		1 (111)	CATCCI		AME (First, Middle.		30ver	IIIEIIL			
	Cummings Rober	t Ball			Ada		ller					
BE	19a. INFORMANT'S NAME (Type/Print)	- 10011	10h MAH (N)	Annese ·	treet and Number or Rural							
임	Agnes Ball								00			
	20a, METHOD OF DISPOSITION				elphia Rd.							
	1 Burial 2 ☐ Cremation 3 ☐ Rem	oval from State	metery, crematory or c	4611			20c. LOCATION —					
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	В	<u>el Air Me</u>	emoria	1 Gardens	9+9-951	Bel Air	r, Mai	ryland			
	21. SIGNATURE OF GRENAL SERVICE EN	C /		HOW	me and address of fa ard K. McC	OMAS TT	T Funer:	al Hor	ma D 7			
	Mesley 1	Herely			7 Cokesbur							
	23. PART I. Enter the diseases, or	complications that cause	ed the deeth. Do	not enter the	mode of dying, suc	h as cardiac o	r reapiratory ar	rest.	Approximata			
	IMMEDIATE CAUSE (Final Onset and Daath											
	disease or condition resulting in death)  a. PNEUMONIA  DUE TO (OR AS A CONSEQUENCE OF):											
-	- AORTEC DISSECTION 260AYS											
CERTIFICATION	Sequentially list conditions,	U	A CONSEQUENCE O						-0 //2			
¥	If any, lesding to immediate cause. Enter UNDERLYING								İ			
三三	CAUSE (Diseese or Injury that initisted events	DUE TO (OR AS	A CONSEQUENCE O	F):					+			
E	resulting in death) LAST											
빙		d										
4	PART II. Other significant condition		but not resulting	In the unde	rlying csuse given in	Part I. 24s. \	MAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS			
EDICAL	HYPERIE	NSION					YES 2 NO		COMPLETION OF CAUSE			
MEC						_   '	7		OF DEATH?			
	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	OF DEATH Y	S I NO	UNCERTAL	мП		11 '	120 1 100			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA									
Sic	EXAMINER?	HOSPITAL:	Instinct 3 [] DOA	OTHER:	Nome 5 🗆 Residence	a [7] an m	44.1					
H	27. MANNER OF DEATH	28a. DATE OF INJURY			c. INJURY AT		HOW INJURY OC	CURED				
	1 Netural 5 Pending	(Month, Day, Year)		JURY	WORK?	200. OLGONIOL	TION INDON' CO	CONED				
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, farm.			201 LOCATION	/Otmat and Mumba	e or Dund Da	uto Mumbos			
<u>a</u>	4 Homicide 6 Could not be	building, etc. (Spi	ectfy)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
9	29e. CERTIFIER											
COMPLET	(Check only	CIAN: To the best of my know										
ļ Ņ	2 MEDICAL EXAMINE	leca, end due to 1	ne ceuse(a)	and manner ea stated,								
l w ll	296. SIGNATURE AND TITLE OF CERTIFIED	7/	100	^	29c. LICENSE NU				Month, Day, Year)			
8	Men	10.	- 111.	D.	m11	92	D St	premi	BER 5 199			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	, Print)	-							
	STEVEN	R. JON	ES									
	31. DATE FILED (Month, Day, Year) SEP6 1995	P. REGISTRAR'S SIG	NATURE									
	SELO 1882	Jaha Davelson	Rarbell									
	1:000								DHMH.16 Bay 1/89			



2-3 month

5-Wyeurs

2

31. DATE FILED (Month, Day, Year)

AUG 3 0 1995

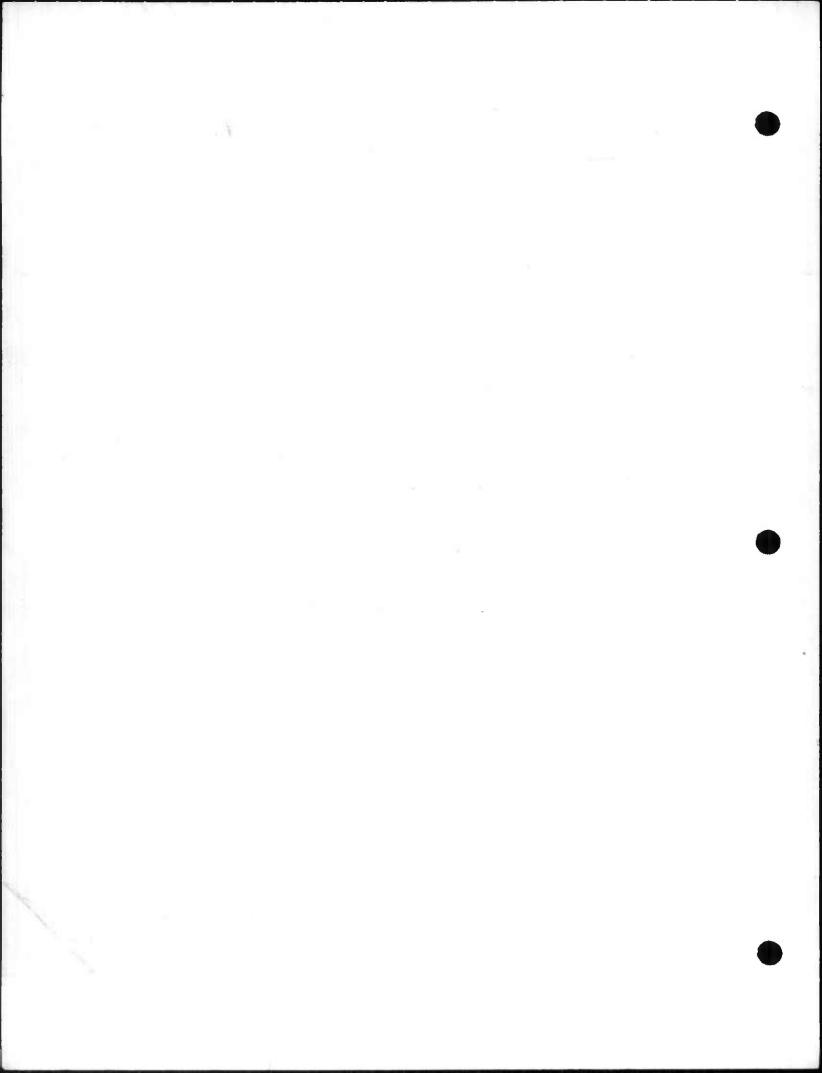
			1 - FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPART ERTIFIC	MENT O	F HEALTH	AND M	ENTAL HYGIEN			
			1. DECEDENT'S NAME (First, Middle, Last)	of B							AY	YEAR	3. TIME OF DEATH
			James Albo	11 Juner							39 1	1299	1035
			4. SOCIAL SECURITY NUMBER				IF UNDER 1 YE	AR IF UNDER	24 HRS.	(Month, Day, Tour)		a. BIRTH Countr	PLACE (State or Foreign
	95		510-28- <del>5756</del> <b>5767</b>		68	YRS.				March 10,			ryland
	3 should	œ	9a. FACILITY NAME (If not institution, give s	,			b. CITY, TO	WN OR LOCATIO	ON OF DEAT	TH	9c. COUN	TY OF D	EATH
	1, 2,	5	Washington Count	y Hospital			Н	agersic	own		Wa	shir	gton
		DIRECTO	10a. STATE 10b. COUNTY	Y		10c. CITY,	TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
	permit. Pages			ranklin		C1	nambe	rsburg				1	1 YES 2 NO
	T per	ERAL	10s. STREET AND NUMBER	,				10f. ZIP CODE			10g. CITIZ	EN OF W	THAT COUNTRY?
1	pnysician. burial-transit	R	1542 Brechbill Ro		1720				U.S.	Α.			
20	urial	FUN	1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 X YES	2 N	MED IO	If yo	s, specify Cubar	n, Mexican,	ORIGIN? (Specify Yer Puerto Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
5-0020	the the	BY	3 Widowed 4 Divorced	W.W. II		YES 2 X NO	Specify:			Spech	y: hite		
215	named by the inspirat of attentioning physician. S should be detached for use as the burial-tran totified at once.	9	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S US	SUAL OCCU	PATION g most of workin	va .	16b. KIND OF BU	SINESS/IND		
21	for t	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ATO.	Do NOT use	retired.)	g most or worth	¥				
MARYLAND	detached detached	MP	10	0	M	ainte	iance			Truck			
LA !	at on		17. FATHER'S NAME (First, Middle, Last)  Roy Clayggett	Rowers						(First, Middle, Meiden			
A S	5 should be	B	19a. INFORMANT'S NAME (Type/Print)	DOWCIS	101	MAN ING A	DODESS /OL			ite Number, City or Tow			
		2	Imogene R. Bowers	3				oill Ro					17201
BALTIMORE,	page t		20a. METHOD OF DISPOSITION	2016		ND DATE OF			Jau	Chambers 20c. LO	CATION - C		
0	must		1 X Buriel 2 Cremation 3 Remote Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of C	oval from State Cen	etery, crei	Tawn	Memor	rial Pa	rk 9	1 00			. Maryland
ALTIMOR	rai di		21. SIGNATURE OF SUNERAL SERVICE LIC	CENSEE	-	1	22. NAM	E AND ADDRES	S OF FACIL	Minnic	h Fun	eral	Home
AL	the funeral director, oval.		Post	M Kens	11	R	415	E. Wil	son I	Blvd. Ha	gerst	own.	Md. 21740
m ş	d in by the or removal		23. PART I. Enter the diseases, or o	complications that caused	the de	eth. Do no							Approximete
Position	DO E		ehock, or haert fellure.	Liet only one ceuse on a	ech line					O. W.H.W.			Interval Between Onset and Dasti
	# 5 <b>2</b>		disease or condition resulting in death)	Cardison	Peren	AAA.	an	11					Cinati and Daati
99	completely tal, cremati event, t		reading in death)	DUE TO (OF AS A	CONSEC	DUENCE OF):	000	<i>1</i>					1
68760	burial,	N	Sequentially list conditions,	. Klend of	all	ine							2-3 mont
ВОХ	0 0 6	Ĕ	If any, leeding to immediate	DUE TO (OR AS A	CONST	DUENCE OF):	1	1					2-3 mont
8	physic e price	5	CAUSE (Disease or Injury	c. DUE TO (OR AS A	CONSEC	UTASC	Whi	dise	al				5-Wyear
.O. B	he attending physician and c Mental Hygiene prior to burit jury, or other traumatic	ERTIFICATION	that initiated eventa resulting in deeth) LAST	. Soc po (on no n	CONSEC	DENCE OF J.							j
D, P		S		d,									+
RDS	20	SAL	PART II. Dthar eignificant condition	a contributing to deeth b	ut not re	eaulting in	the under	lying ceuse g	iven in Pa	ert I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
	8 ± 6	EDIC								_ 1 _ YES 2	M NO		COMPLETION OF CAUSE OF DEATH?
RECO	of Heal	2		Va.:						_			1 YES 2 NO
m	886	SICIAN:	DID TOBACCO USE CONTR						ERTAIN				
	9 9 5	S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEATN	Check only	one)					
OF VI	the the	>- II	1 VES 2 NO 27. MANNER OF DEATH	1 A Inpatient 2 ☐ ER/Outp	atlant 3	DOA 4		Home 5 Res		Other (Specify)			
OF		F	1 Natural 5 Pending	(Month, Day, Year)		INJUR	TY .	WORK?		Bd. DESCRIBE NOW II	NJURY OCC	URED	
0	0 P	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At hor	me, farm, stre			-	8f. LOCATION (Street a	and Number of	or Rural R	oute Number
DIVISION	DIRECTOR: hours after Item 28 I	Ш	4 Nomicide determined	building, atc. (Spec	Hy)					City or Town, State)			
DIA	DIR	PLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my know	edge, der	ath occurred	at the time	data and place	and due to	the cause(s) and man	ther as state	d	
HOSPITAL	로워트	COMPL		R: Of the beals of exemination									and manner as stated.
H HOS	TO THE FUNER be filed within		250. SQUATURE AND THE OF CENTIFIER	1					NSE NUMBE				(Month, Day, Year)
THE CH	TO THE De filed	O BE	Jaly,	Ma	ıνί	D		D	43:	541	<b>&gt;</b> 5	3/2	9/95

PERSON WHO DOMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. RECHISTRAN'S SIGNATURE
Jalia d'Aumhor Royaleth

Dr. Salvatore DiMercurio, 356 Mill St., Hagerstown, Maryland 21740

129/95



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR  1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIENI REG. NO.					
1. DECEDENT'S NAME (First, Middle, La.	it)					OF OEATN	u	3. TIME OF DEATH			
DAVID LEE	BARTHOL	OW			AUG	UST 2	4 1995	1705 P			
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	Day Wear)	Cor	TNPLACE (State or Foreign			
219-68-0851  90. FACILITY NAME (If not institution, gh		6 YRS.		OR LOCATION OF D	осто	BER 20	96. COUNTY OF	MARYLAND			
WASHINGTON CO	WASHINGTON CO.HOSPITAL HAGERSTOWN WASHING										
WASHINGTON CO RESIDENCE OF DECEDENT 100. STATE 100. COU MARYLAND WA	SHINGTON			TOWN OR LOCATION							
10e. STREET AND NUMBER P.O. BOX 5  11. MARITAL STATUS							U.S.	A.			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	It yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 X NO Special	nn, Puerto R		81	MCE — American Indian, ack, White, etc.			
15. OECEDENT'S E (Specify only highest gr	ide completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATI work done during more per retired.)	ON est of working	16b.	KIND OF BUS	INESS/INDUSTRY				
Elementary/Secondary (0-12)	College (t-4 or 8+)	PAIN	ITER			PAINTI	NG CONT	RACTOR			
Elementary/Secondery (0-12) 8 17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	_						
	BARTHLOW	SR.		GLAD'	YS	LEONA	SHIVE	S			
190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numb	er, City or Town	n, Stete, Zip Code)				
FAY M. BURKE		136 E	. FRANK	IN STREE	ET, H	AGERST	OWN, MD	. 21740			
20e. METHOD OF DISPOSITION  1  Burlal X Cremation 3 R  4 Donetion 5 Other (Specify)		DEPLACE AND DATE			-30-9		CATION — City of	Town, State			
21. SIGNATURE OF FUNERAL SERVICE			ANDRE	ND ADDRESS OF FA	FMAN	FUNERA	L HOME,	INC. WN, MD. 217			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  A. HANGING  DUE TO (OR AS A CONSEQUENCE OF):  B. DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA		2 0114211711							
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Ou	tpetient 3 DOA	OTHER:	ne 8 🗆 Residence	8 Other	r (Specify)					
27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIR	ME OF 28c. IN	JURY AT	-		NJURY OCCURED				
	(Month, Dey, Year) 8-24-95	100		YES 2 XX NO	SUBJE	ECT HAN	GED SELF				
A A A A A A A A A A A A A A A A A A A	28e. PLACE OF INJUR building, atc. (Sp	INJURY — At home, ferm, street, tactory, office			281. LOCATION (Street and Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Ro						
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2 MEDICAL EXAMINETS: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end											
H AND TITLE OF CENT	-Oblo						JST 25, 199				
30, HAME AND ADDRESS OF PERSON  WARLO F- GO	LIE JR IM	171 Pen		et, Bal	timo	ore, l	Maryla	nd 21201			
31. DATE FILED (Month, Day, Year) AUG 8 0 19	95 Julia d'avel	NATURE CONTROLL									

27 H21 H31 V31 (0 374 1 H5 1 M2130

MARYLAND 21215-0020 BALTIMORE,

DIVISION OF VITAL RECORDS, P.

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STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH RGARET BATEMAN SEPT. 9:17 Viola 0 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Form ith, Day, Year) 1903 216-62-5002 99 9/YRS. Maryland 1 🗌 M 2 ኺ F Sept. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Western Maryland Center Washington Hagerstown, MD 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Hagerstown Maryland Washington 1X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 233 North Cleveland Avenue fleath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit U.S.A. 21740 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES 1 Never Married 2 Married 1 YES 2X NO Specify: BY Specify: 3 🔀 Widowed 4 🗌 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) Elementary/Secondary (0-12) 0 - 10homemaker her own 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Lillian 7 John Griffith Page 6 may be retained by 8 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 233 North Cleveland Avenue, Hagerstown, Maryland Mr. Garl H. Bateman, Jr. þe 20a. METNOD OF DISPOSITION
1X☐ Burlei 2 ☐ Cremation 3 ☐ Ramovat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Rose Hill Cemetery 9-5-95 Hagerstown, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home hours after death. 415 East Wilson Blvd., Hagerstown, MD 21740 ion, or removal, medical 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart fallure. List pnly one cause on each line Interval Betwe **IMMEDIATE CAUSE (Finel** Onset and Death the disesse pr condition_ MYOCARDIAL INFARCTION

DUE TO (OR AS A CONSEQUENCE OF): completely FEW MINUTES resulting in death) traumatic event, and com SEVERE CORONARY ARTERY DISEASE > 104FARS CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a 2 If sny, leading to immediate certificate be csuse. Enter UNDERLYING CAUSE (Diseese Dr injury other t DUE TO (DR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST ò the attent PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE i has been signed by the E Dept. of Health and M m 23 shows any inju 24s. WAS AN AUTOPSY PERFORMED? MYELODYSPLASTIC SYNDROME, PANCYTOPENIA 1 - YES 2 NO OF DEATH? MALNOURISHMENT, SEVERE OSTED POROSIS 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one Item certificate State HOSPITAL:

1 Ninpetiant 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) the 6 27. MANNER OF DEATH 28a. DATE OF INJURY this c 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO After t BY Accident 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR: hours after 200 4 Nomicide Item 29a. CERTIFIER 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL TO THE FUNERAL DE BE filed within 72 h 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

Staddigm, M.D. STAFF PHYSICIAN

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

D-46517

SIRAJ SIDDIQUI, 1500, BENNSYLVANIA AVENUE, HAGERSTOWN, MD-21942

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29d. DATE SIGNED (Month, Day, Year)

►SEPT, 1, 1995

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The law require ate has been sig tate Dept. of Hez tem 23 shows	2 20	DING PHYSICIAN After this certific death with the S s marked, or I	TAL OR ATTENDING PHYSICIAN AL DIRECTOR: After this certific IZ hours after death with the S If Item 28 is marked, or I	THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed whi. The hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	N: The law requires icate has been sign State Dept. of Heal Item 23 shows	DDING PHYSICIAN: The law require: After this certificate has been sig death with the State Dept. of Hea s marked, or item 23 shows	IAL DR ATTENDING PHYSICIAN: The law require: AL DIRECTOR: After this certificate has been sig 72 hours after death with the State Dept. of Hea 16 item 28 is marked, or item 23 shows	s that the death c	ned by the attend	ith and Mental Hy	any injury, or

	1	FOR 1 - STATE REGISTRAR		STATE OF N	ARYLAND .	/ DEPAR ERTIF					MENTA	L HYGIEN REG. NO			
Г		1. DECEDENT'S NAME (First, M	Middle, Last)			LITTI	IOAII		DEA	-		OF DEATH			3. TIME OF DEATH
ı		ROGER		LYNN			BAK	ER			SE		1,19	YEAR Q.5	14:46 P M
		4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. la	ast birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	1,17	8. BIRTHP	LACE (State or Foreign
		216-82-6870		1 🔀 M 2 🗌 F	34	YRS.	MONTHS	DAYS	HOURS	MIN.		. 12,	1961	Country)	ARYLAND
		9e. FACILITY NAME (If not instit	itution, give st	reet and number)	01		9b. CIT	Y, TOWN C	R LOCATION	ON OF DE		,	_	NTY OF DE	
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1	5	RESIDENCE OF DECE	DENT										10.00		
	DIMECTOR		10b. COUNTY		TOTOON T	10c. CIT	Y, TOWN	OR LOCAT		T . T . T					10d. INSIDE CITY LIMITS?
	- 1	MARYLAND		WASHIN	IGTON				ERST						1 YES 2 NO
	₹ [	100. STREET AND NUMBER		D TI III				101	ZIP COD		^		10g. CIT		HAT COUNTRY?
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	- 11	1. MARITAL STATUS	Terried	FORCES? 1	YES 2 X		13.	If yes, spe	cify Cuba	n, Mexics	an, Puerto	N? (Specify Yes Rican, etc.)	s or No —	Black,	American Indian, While, stc.
3										WHITE					
1 8		15. DECEE (Specify only it	DENT'S EDUC			ECEDENT'S					16	. KIND OF BU	SINESS/INC	DUSTRY	
	ij	Elementery/Secondary (0-1)	-	College (1-4 or 5	- 111	le. Do NOT u	sa retired.)	during mo	St Of WORK	y .					
1	Ĭ	12					FORE	MAN				PAVIN	G CON	TRACI	POR
3	15. DECEDENT'S EDUCATION   18. DECEDENT'S USUAL OCCUPATION   16. KIND OF BUSINESS/INDUSTRY														
	4	ALVEY S. BA		R.								SLICE			
	2	19e. INFORMANT'S NAME (Typ		-								nber, City or Tow			21722
1	_	ALVEY S. BA								KE,					AND 21722
	1	20a, METHOD OF DISPOSITIO 1 ♣ Burlel 2 ☐ Cremation		oval from State	206. PLACE Cemetery C BENE	EAND DATE				0/	5/95			City or Tow	
		4 Donetion 5 Other (S		ENGEE	שואבוכו	PAOTIV		NAME AN							ARYLAND
	1	· POU	m //	10.	Paul M	1. Dea									onal Pike
-	-	CUU	11-16	new		t		- **	44-4-						21713
		23. PART I. Enter the dis- shock, or hea		List only one cer			noi ente	r the mo	ae or ay	ing, suc	on es cal	disc or resp	eratory sr	rest,	Approximate Interval Between
	ł	iMMEDIATE CAUSE (Fina disease or condition	ni	DI	1	T			0 1	1 (	1				Onset and Death
		resulting in deeth)	<b>&gt;</b>	a. Blu DUE TO	OR AS A CONS	FOUENCE C	LYIC	201		tend	<u> </u>				
	,				(	0	,								
	Sequantisily list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseeas or Injury that initiated avants resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.														
		thet initieted avants		DUE TO	(OR AS A CONS	EOUENCE C	F):								
	H H	resulting in death) LAST		d											
	- 11	PART II. Other significen	t condition	s contributing to	deeth but not	resulting	In the u	nderlyln	g ceuse	given in	Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS
	Z   Z											PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	DF DEATH?														
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LA UNCERTAIN								~						
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
	EXAMINER?  1 X YES 2 NO  NO NO NO NO NO NO NO NO NO NO NO NO NO N														
	E I	27. MANNER OF DEATH	4 5	28e. DATE Of	INJURY Day, Year)	286. TII	ME OF JURY	28c. INJ WC	URY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED	1
	B \	1 Natural 5 Pr	ending nvestigation	8 31	95	204	5 pM	1 🗆 '	YES 2	NO	sul	ject a	ssaw	ited	/
	ED	3 Sulcide B C	could not be	28e. PLACE (	F INJURY — At I	home, ferm,	strool, to	ctory, offic	•		28f. LO	CATION (Street or Town, State	end Numbe	or Pural Ru	nehort Alley
	# 1	4 Homicide de	etermined			stre	et				Fre	desick	SOL OF	A	REMOTERITY
	Z	29e. CERTIFIER (Check only	FYING PHYS	ICIAN: To the best o	f my knowledge, o	death occur	red at the	time, date	end place	, and du	e to lhe c	euse(s) and ma	nner ee ste	rted.	
	COMPLET	one) 2XXMEDIC	CAL EXAMINE	R: On the beele of	exemination end/o	r Investigati	on, In my	opinion, d	leath occu	red at the	e time, de	le end place, e	nd due lo l	he ceuse(s)	end manner as stated.
		29b. SIGNATURE AND TITLE	OF CERTIFIE	R /	00				29c. LIC	ENSE NU	IMBER		29d. DA	TE SIGNED	(Month, Day, Yeer)
	BE O		Ller	mit (	Mute !	(m)			C	CME			S	EPT.	02,1995
1	2	30. NAME AND ADDRESS OF	4 5	O COMPLETED CAL	SE OF DEATH (IT	TEM 27) (Typ	e, Print)								
		Dennis C	hute				enn	St	reet	. В	Balt	imore	, Ma	ryla	and 21201
		31. DATE FILED (Month Way, Ye			AR'S SIGNATURE										
		SEP 5	1995	Heli de	solean Ray	64									DHMH-16 Rev 1/89
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local perfector. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Last)		2. DATE OF DEATH

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RICHARD RAOUL BOCKOVER  2 19 16 3726    Aug. 29, 1995   10;20 A. L.				2. DATE OF DEATH	3. TIME OF DEATN					
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (Girst, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 824 Arkett rewer 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. lest birthdey) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F DAYS 579-36-1513 64 June 26,1931 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George's Hospital DIRECTOR Cheverly Prince George's RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY 10d, INSIDE CITY Maryland Anne Arundel Harwood 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 20776 10g, CITIZEN OF WHAT COUNTRY? 4748-L Flanders Lane U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 TYES 2 MO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Snecky BY 3 Wildowed 4 Divorced Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Prince George's County 15. DECEDENT'S EDUCATION (Spec Elementary/Secondary (0-12) College (1-4 or 5+) Board of Education 12th N/A School Bus Driver Once. 17. FATHER'S NAME (First, Middle, Last)
Edward L. 16. MOTHER'S NAME (First, Middle, Maiden Surname)
Evelyn Money Spaulding Money 70 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard A. Brewer 6851 Arbor Lane Bryans Road Maryland 20616 ě 20a. METHOD OF DISPOSITION

1 X Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name o Sept. 7, 1995) 20c. LOCATION - City or Town, State must Maryland State Veterans Cem. Cheltenham, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) tenouse arterio selection and boscular event. DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in deeth) LAST 10 any injury, PART II. Other aignificent conditions contributing to death but not requiting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? noulum 1 TYES 2 AND shows a 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? item HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — building, atc. (Specify) 3 Suicide At home, term, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 6 Could not be 28 4 Homicide item 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and piece, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place TO THE HOSPITE
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IMPORTANT: I 290/LICENSE NUMBER BE 2 (ITEM 27) (Type, Print) Muchon Randall

 1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	ы	1. DECEDENT'S NAME (First, Middle, La								2. DATE OF I	DEATN	V	YEAR 3	. TIME OF DEATN
		John Francis						August	August 26, 1995			10:05 P M		
	1	4. SOCIAL SECURITY NUMBER	5. SEX	11.000	yrs. lest birthday)	IF UNDER		IF UNDER		7. DATE OF B	HETN		BIRTHPL	ACE (State or Foreign
Ð		216-07-4356	X   M 2   F	3	80 vas.	MONTHS	DAYS	HOURS	MIN.	Dec 1	3,19.	14	Wash	nington DC
pinous		9a. FACILITY NAME (If not institution, gi	ve street and number)	***********	- 7			OR LOCATIO	ON OF DE	ATN		9c. COUNT		
2, 3	СТОВ	Washington Adve		Hospit	cal	Tako	ma	Park				Monto	jomer	ΣÝ
	[ [ [	RESIDENCE OF DECEDENT  10a. STATE 10b. COL			1 100 00	ry, town o	0.100	171041						
Pages	DIRE		itgamery					Sprin	a c					Dd. INSIDE CITY LIMITS?
permit.		10e, STREET AND NUMBER	3 2			·		of. ZIP CODE						TES 2 XNO
- E	ERAL	641 Sligo Ave,	#105				. "	209	910-	4721		100		AT COUNTRY?
020 physician. burial-transit	FUNE	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN II	IS ADMED	12.5	MAS DE	CENDENT	r week	HC ORIGIN? (S		Unite		
020 physi buria		1 Never Married 2 Married	FORCES?	YES	2V NO		f yes, s	pecify Cuba	n, Mexica	n, Puerto Ricen		or No	Black, V	- American Indian, Vhita, etc.
P 2 2	B	3 Widowed 4 Divorced	IF TES, GIVE	men on ball	-5	'	T AF	S 2X NO	Specify	<i>/</i> :		V	Specify:	9
r attend		15. DECEDENT'S I (Specify only highest gi		1	6e. DECEDENT'S	USUAL O	CUPAT	ION		16b. KIN	D OF BUS	INESS/INDUS	STRY	
21 al or for u		Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT L	work done ( ise retired.)	ounng m	tost of workin	g					
AND the hospital detached	M M	1.0th			Plumb	er				Fed	eral	Gover	mnet	
	COMPL	17. FATNER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle	, Maiden S	Sumame)		
# & & Z	BE	Herbert Bradley	Burger					Ha	ttie	T. Ba	11			
MAR retained 5 should notified	P	19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	ADDRESS	(Street	and Number	or Rural I	Route Number, C	Hy or Town	, State, Zip Co	ode)	
	-	Frances E. Hunt			1216	Adar	ns I	Road,	Wal	dorf,	Mary.	land 2	20602	2
ORE, IORE, e 6 may be better, page must be r		294-METHOD OF DISPOSITION 442-Buriel 2 Cremetion 3 - F	emoval from State	20b. Pi	LACE AND DATE	OF DISPOS	ITION (N	War Aug	30,	1995 €	20c. LOC	CATION - CIT	y or Town	, State
3 20 0		4 Donation 5 Other (Specify)		Tr.	inity M	emor:	Lal				Wal	dorf,	Mary	land
ALTIN death. Pag funeral di funeral di examiner		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		1	22.	NAME A	ND ADDRES	SS OF FA	Lee	Fune	eral H	Iome,	Inc 6633
BALTIMORE, after death. Page 6 may be whe funeral director, page moval. ical examiner must be		Stanbous	- Mar	100	11	0.	ld 1	Alexa	ndri	a Ferr	y Roa	ad, Cl	Linto	on, Md 20735
en y		23. PART I. Enter the diseases,	or complications the	nt ceused ti	he deeth. Do	not enter	the m	ode of dyl	ng, auc	h ea cerdiac	or reapir	atory arrea	it,	Approximata
Do Ji Do		ahock, or heart fellu	re. List only one ca	use on eac	h ilne.									Interval Between Onset and Daath
		disease or condition	Asytol	le, Bi	geminy	, Нур	ote	nsion	l.					2 days
		resulting in death)	DUE TO	(OR AS A C	ONSEQUENCE C	NF):								-
executed and con o burial, matic e	z		- Metast	atic	Cancer									unknown period
× c = =	일	Sequentially list conditions, if any, leading to immediate			ONSEQUENCE C									unknown
Hysicia Prior prior	2	CAUSE (Disease or Injury	C		Carcino									period
n certifical nding phy Hygiene i	ERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A C	ONSEQUENCE O	F):								
attend attend mtal Hy	CER		d											1
E Ste	I 11	PART II. Other significant condit	ions contributing to	deeth but	not resulting	In the un	derlyir	ng cause g	lven in	Part I. 24s	. WAS AN	WTOPSY	24b. W	ERE AUTOPSY FINDINGS
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requires that signed of Health a	SICIAN: MEDICAL	Lung Metastis	is							_   ' '	169 2	□ NO		F DEATH?
- 6 .:		DID TOBACCO USE CON	NTRIBUTE TO CA	AUSE OF	DEATH Y	ES 🗆 N	10 F	7 UNC	ERTAIN	V KI			Ι.	LI TES 2 LINO
AN: The law inficate has be state Dept.		25. WAS CASE REFERRED TO MEDICAL		_	PLACE OF DEA		-			,				
SICIAN: The certificate he state he state he or item		EXEMINER?	HOSPITAL:	ER/Outpati	ent 3 DOA	OTHER		me 5 🗆 Re	sidence	6 Other (Spi	nclfv)			
PHYSICIA this certif with the	РНҮ	27. MANNER OF DEATN	28s. DATE Of (Month, L		26b. TIA		28c. IN	JURY AT		28d. DESCRIE		JURY OCCU	RED	
NG PHYS fler this ceath with marked,	ВУ	1 Natural 5 Pending 2 Accident Investigation		ray, roary	,,,,	M	-	YES 2	NO					
J 5 4 0 m		3 Suicide 6 Could not	building.	OF INJURY	At home, farm,	street, facto	ory, offic	Ca			DCATION (Street and Number or Rural Route Number, by or Town, State)			
DR ATTEN DIRECTOR: hours after Item 28 ii	ETED	4 Homicide determined								ony or roa	····, Otalo)			
DIRECT DIRECT POURS	P.E	29a. CERTIFIER 1X CERTIFYING PN	YSICIAN: To the best o	f my knowled	ge, death occur	ed at the ti	me, det	a and place,	and due	to the cause(a)	and men	ner as stated.		
HOSPITAL FUNERAL within 72 h	COMPL		INER: On the basis of s											nd menner as stated.
THE HOSP THE FUNEI FILED WITHIN	EC	296. SIGNATURE AND TITLE OF CERT						29c. LICE	NSE NUN	IBER		29d. DATE S	IGNED (M	onth, Day, Year)
TO THE De filed IMPOR	ω	Ruhid Ayl	rus Nas	اسا				D39	372			Aug	ust	27, 1995
	2	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CAU	SE OF DEATH	N (ITEM 27) (Type	, Print)								
		Rashid Baghai-	Naini, M.D		344 Uni	lv.B1	vd '	W. #3	24	Silver	Spr	ing,	MD	20901
		31. DATE FILED (Month, Day, Year)	32. RESISTRA	AR'S SIGNATI	URE		-				-	3.		
		SEP 0 6 199	15 Julia	allemakes	11- Randall									

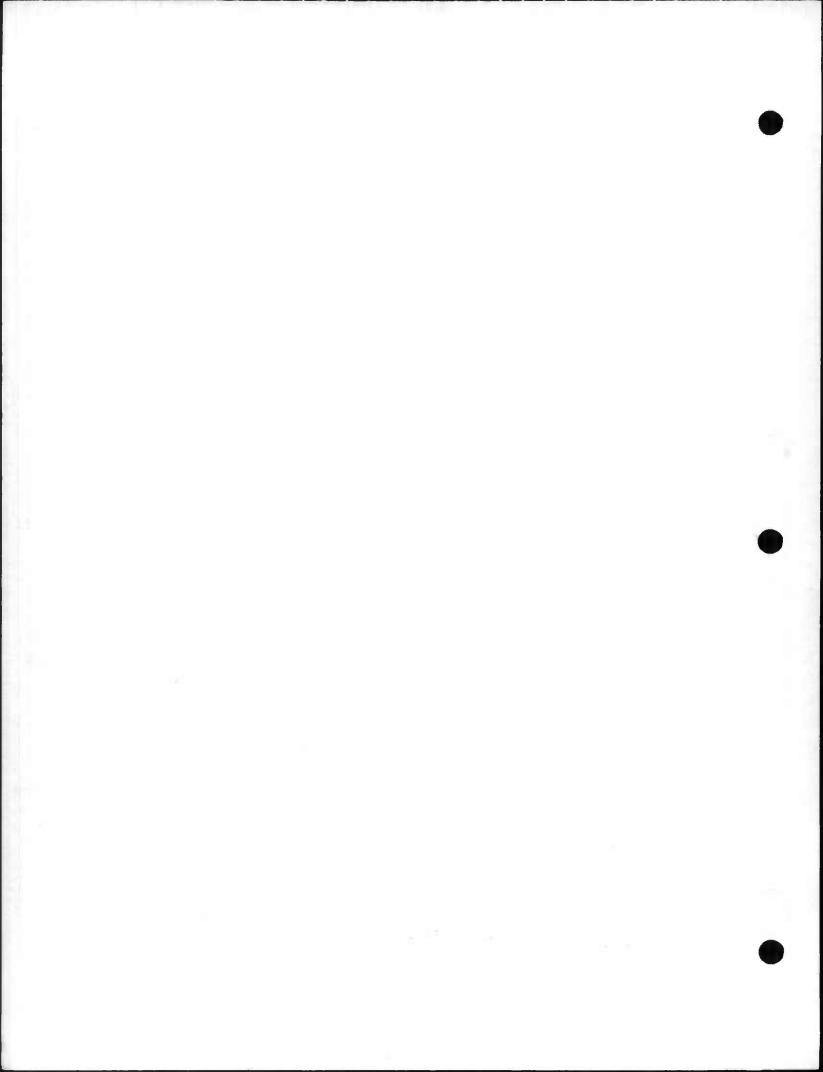
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

UNISION OF VITAL RECORDS, P.O. BOA 68/600

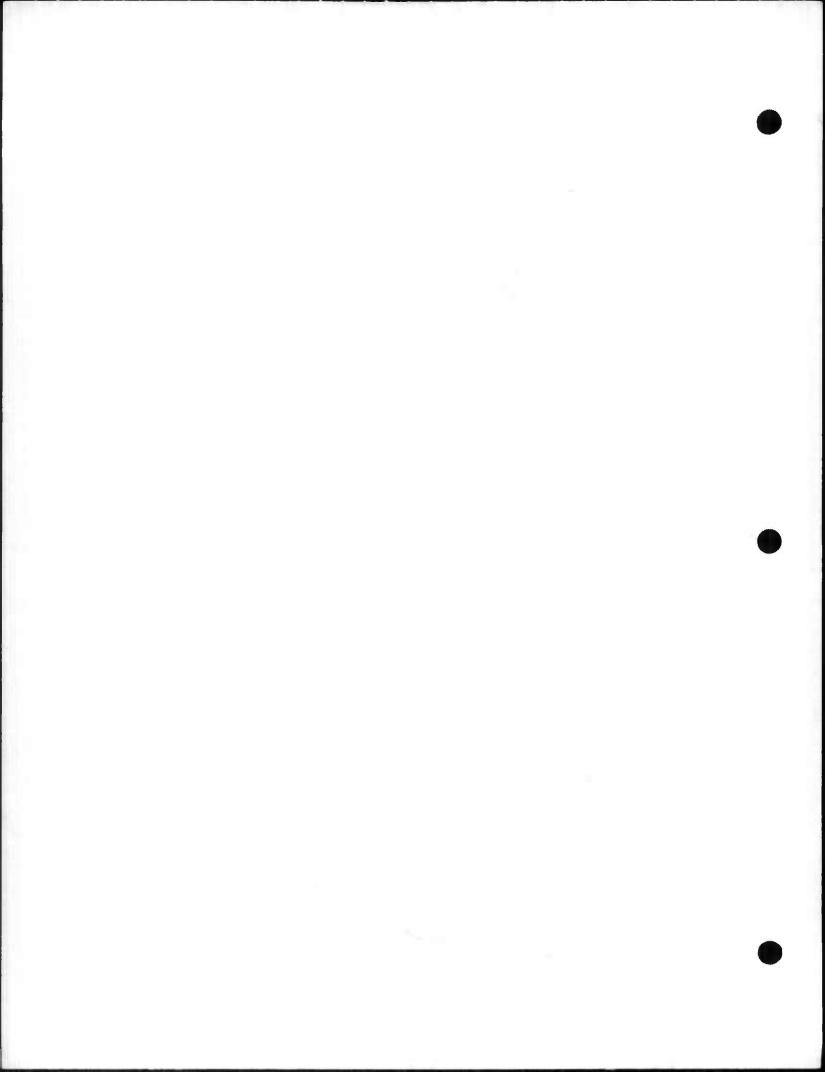
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPARTME RTIFICA	NT OF H	EALTH AND DEATH	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, La	isl)					2. DATE OF DEATH		3. TIME OF DEATH
	June	Henr	rette		B.	itler	Aug us	29 95	
١.	4. SOCIAL SECURITY NUMBER	5. SEX 8	. AGE (in yrs. last		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BUILTH	0. Bi	RTHPLACE (State or Foreign
	577-58-1351	1 🗆 M 2 🔀 F	52	YRS. MONT	HS DAYS	HOURS MIN.	(Morith, Day, Year) 10/06/42	Co	dc
	9a. FACILITY NAME (If not institution, gi	ve street and number)		9b. (	CITY, TOWN O	R LOCATION OF D		9c. COUNTY O	F DEATH
8	12630 VIER MILL	ROAD #1514			ROCK	VILLE		MONTGO	MERY
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COU								
E				10c. CITY, TOY					10d. INSIDE CITY LIMITS?
	MD M(	ONTGOMERY		ROCI	KVILLE				1X YES 2 NO
RA	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR				101.	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	12630 VIER MILL					20853		USA	
5	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 TN	ED			NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.)	В	ACE — American Indian, llack, Whita, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 NO Specif	<b>y</b> :	s	BLACK
品	15. DECEDENT'S E	EDUCATION	16a, DEC	EDENT'S USUA	L OCCUPATIO	N	16b. KIND OF BUS	IMESS/INDIJISTE	DELITOR
H	(Specify only highest gr	College (1-4 or 5 +)	(Gh	e kind of work di Do NOT use retin	one during mos	of working	TOOL TOTAL OF BOO	INCOS/INDOS/IN	,
7	12	College (I-4 br 5+)	CO	MMUNITY	Z WORK	FR	CEI E-I	EMPLOYE	ת
COMPL	17. FATHER'S NAME (First, Middle, Last)		001	HIOWEL	WOLL		ME (First, Middle, Maiden		Ψ
П	CHARLES H. BUTI	LER SR.				EDNA JA			
00	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDR	RESS (Street a		Route Number, City or Town	. Stata. Zio Gode	1
2	CAROL WILLIAMS	S					417, ROCKV		
	20s. METHOD OF DISPOSITION		20b. PLACE AF	O DATE OF DIS	POSITION /Na			CATION — City o	
	1 Dynation 2 Cremation 3 D R	Jemoval from State	cemetery, crem	TARMONY	on!	09/	02/95 LAN	DOVER,	MD
	21. MONATURE OF FUNERAL SERVICE	LIGHTY /			22. NAME AN	D ADDRESS OF FA	CILITY		1110
	1 1 1/2/11/11/11	(1/ml)	1				N FUNERAL		
Н	22 PARY 5	VI TOOL			1661 G	OOD HOPE	ROAD, S.E	•	
	23. PART I. Enter the diseases, a shock, or heert failu	re. List only one cause	on each line.	th. Do not er	iter the mod	ie of dying, auc	h aa cardiac or reapi	ratory arrest,	Approximate Interval Between
Ш	IMMEDIATE CAUSE (Final disease or condition	_							Onset and Dea
	resulting in death)	. >	avco	1800	2,4				
		DUE TO (OI	R AS A CONSECU	JENCE OF):					
CERTIFICATION	Sequentially list conditions,	b	R AS A CONSECU	IENOE OF		_			
A	If any, leading to immediate cause. Enter UNDERLYING	502 10 (01	H AS A CONSECU	JENGE OF):					
윤	CAUSE (Disease or Injury that Initiated events	C. DUE TO (Of	R AS A CONSEQU	JENCE OF:					
E	resulting in death) LAST			,					İ
		d							
shows any injury, or other traumatic event, the MEDICAL CERTIFICATION	PART II. Other algnificant condit	iona contributing to de	eth but not re	aulting in the	underlying	cause given in	Part I. 24s. WAS AN / PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8							1 🗆 YES 2		COMPLETION OF CAUSE OF DEATH?
뿔									1 YES 2 NO
	DID TOBACCO USE CON	<b>ITRIBUTE TO CAUS</b>	SE OF DEAT	H YES	NO 🗆	UNCERTAIL	N 🗆		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE	OF DEATH (Ch					
Š	1 YES 2 NO	1   Inputiant 2   E	R/Oulpatient 3		1EA: Numing Home	5 Realdence	6 Other (Specify)		
PHY	27. MANNER OF DEATH	288. DATE OF INJURY (Month Day Mar)  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED  AND HERE AND ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE							
ВУ	1 Natural 5 Pending 2 Accident Investigation			N. O.		ES 2 NO			
	3 Suicide 8 Could not	be 28s. PLACE OF II building, etc	NJURY — At hom	a, farm, streel,	factory, offica		28f. LOCATION (Street as City or Town, State)	nd Number or Rui	ral Route Number,
ETE	4 Homicide determined		(				Only of lowin, State)		
12	29a. CERTIFIER (Check only 1 CERTIFYING PH	IYSICIAN: To the best of my	knowledge, deat	h occurred at ti	he lime, date	and place, and due	to the cause(s) and men	ner as stated	
COMPL		IINER: On the basis of exam							e(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF					29c. LICENSE NUR			IED (Month, Day, Year)
BE	20/_	Tande		~	1	DC) &	546	DALL SIGN	Supplied (Month, Day, Hear)
임	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Print)	لِـــــا	- 0	.0		2. 51-1
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	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S		1 4	013	~~~	2 10	(-	- ( word
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TEN	O.B.	ther	8
RAT	REC	urs a	E
ID THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	ified within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND DEATH		GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)	E.	Brown			2. DATE OF DEA MONTH White	ATH	YEAR, 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER / 579–86–5751	5. SEX 6. AG		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	TH // //	a. BIRTHPL Country) Guyana	ACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  97. COUNTY OF DEATH  98. FACILITY NAME (If not institution, give street and number)  98. FACILITY NAME (If not institution, give street and number)  98. FACILITY NAME (If not institution, give street and number)  98. FACILITY NAME (If not institution, give street and number)  98. COUNTY OF DEATH  96. CITY, TOWN OR LOCATION OF DEATH  Prince Geo								
		e George		ensburg	ON				INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	3421 39th Place			100	20722		Guy:		IT COUNTRY?
B	11. MARITAL STATUS  1. Never Married 2  Married  3  Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 X NO	If yes, spe	ENDENT OF HISPAI cify Cuban, Mexica 2 X NO Specif	in, Puerto Rican, e	tc.)	14. RACE — Black, W Specify: Black	American Indian, filts, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Manager	k done during mos	N t of working	0.000	Food R	USTRY	rant
BE COM	17. FATHER'S NAME (First, Middle, Last) Eric Browne					ME (First, Middle, A Franco:			
5	Marva E. Phillips		196. MAILING AI 13200	DORESS (Street ar Lenfant	Dr. Ft.	Washin	gton, Mo	1. 207	
	20a. METHOD OF DISPOSITION  1 Surial 2 AUCremetton 3 Remo 4 Donatton 5 other (Specify)  21. SIGNATURE FUNERAL SERVICE LIC	-1	METY OPOLITION	22. NAME AN George	atory 8  ADDRESS OF FA  P. Kala  Kon Hill	dury s Funer	AL Home	ria, V	/a.
CERTIFICATION	Enter the diseases, or complication that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, above, or heert feliure. List only the cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PERFORMED?  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COMPLIA  1 YES 2 NO COM								ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
CIAN	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH		UNCERTAI	<b>ч</b> 🗆 📗			
PHYS	1 PES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/O	vitpetient 3 DOA 4	OF 28c, INJU	HC?		y) H <mark>ow injury oc</mark> c	URED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide Homicide City or Town, State)						e Number,		
COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.								
TO BE C	296. BIGMAFURE AND TITLE OF CENTIFIED  30. MAME AND ADDRESS OF PERSON WHO  ALLIES OF PERSON WHO	folyaping ?	DEATH (ITEM 27) 19700, PT	um Cf	Cafa	BER 30	Hugo Date	MIA 9	071995
	AUG 31 1995	PEGINTRAN'S SH	SHAZORE CHARLES		1-41	1	- V	170	



Illinois

10g. CITIZEN OF WHAT COUNTRY?

1995

9c. COUNTY OF DEATH

U.S.A.

St. Mary's

REG. NO

23

1923

2. DATE OF OFATH

AUGUST

FOR STATE REGISTRAR

WILLIAM

1. DECEDENT'S NAME (First, Middle Last)

AUG 31 1995

4. SOCIAL SECURITY NUMBER

328-18-8213

JOHN

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7. DATE OF BIRTH (Month, Day, Year)
Oct. 24, 9a. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR Pages 1, 2, 3 St. Mary's Hospital Leonardtown RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY, TOWN OR LOCATION Maryland Prince George's New Carrollton permit. 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE use as the burial-transit 6002 Westbrook Drive 20622 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify: BY 3 🕅 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high funeral director, page 5 should be detached for College (1-4 or 5+) COMPL 8 Criminalogist Federal Government Once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) To William John Berndt, Sr. (Unknown) BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 William T. Berndt 6010 Bobcat Court, Waldorf, Maryland 20603 Раде 6 тау be must be 20a. METHOO OF DISPOSITION
1 ☐ Burlet 2 ※ Cremation 3 ☐ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Metropolitan Crematory 8/25/95 4 ☐ Donation 6 ☐ Other (Specify) Alexandria, Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE CONNER 22. NAME AND ADDRESS OF FACILITY death. Francis Gasch's Sons Funeral Home, P.A. Pmy 4739 Baltimore Ave., Hyattsville, MD 20781 in and completely filled in by the to burial, cremation, or removal. after medical 23. PART t. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) the disease or conditton within 24 LIVER FATEURE event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): RENKL traumatic CERTIFICATION Pmwar Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician I Mental Hygiene prior to cause. Enter UNDERLYING RETPIRATORY ARREST CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST In some LURINAMY MURCHY 6 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part t. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? has been signed by t Dept. of Health and t TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN IN PHYSICIAN: 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) After this certificate had death with the State D is marked, or item HOSPITAL:
1/// Inpatient 2 - ER/Outpatient 3 - DOA OTHER 1 YES 2 NO 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO В Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 3 Suicide 99 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: after 28 4 Homicide hours 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL O
TO THE FUNERAL D
De filed within 72 ho
IMPORTANT: If Its (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER BE D34535 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LEONARDTOWN, MD. 20650 DR.KHALID M.HUSAIN M.D. M. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

BERNDT, JR.

6. AGE (In yrs. last birthday)

71

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, stc.

SpecMy: White

1 X YES 2 NO

Interval Bety

Onset and Death

24-48 Hour

24-48 Hours

24-48 Hours

24-48 Hour

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TES 2 NO

29d. DATE SIGNED (Month, Day, Year)

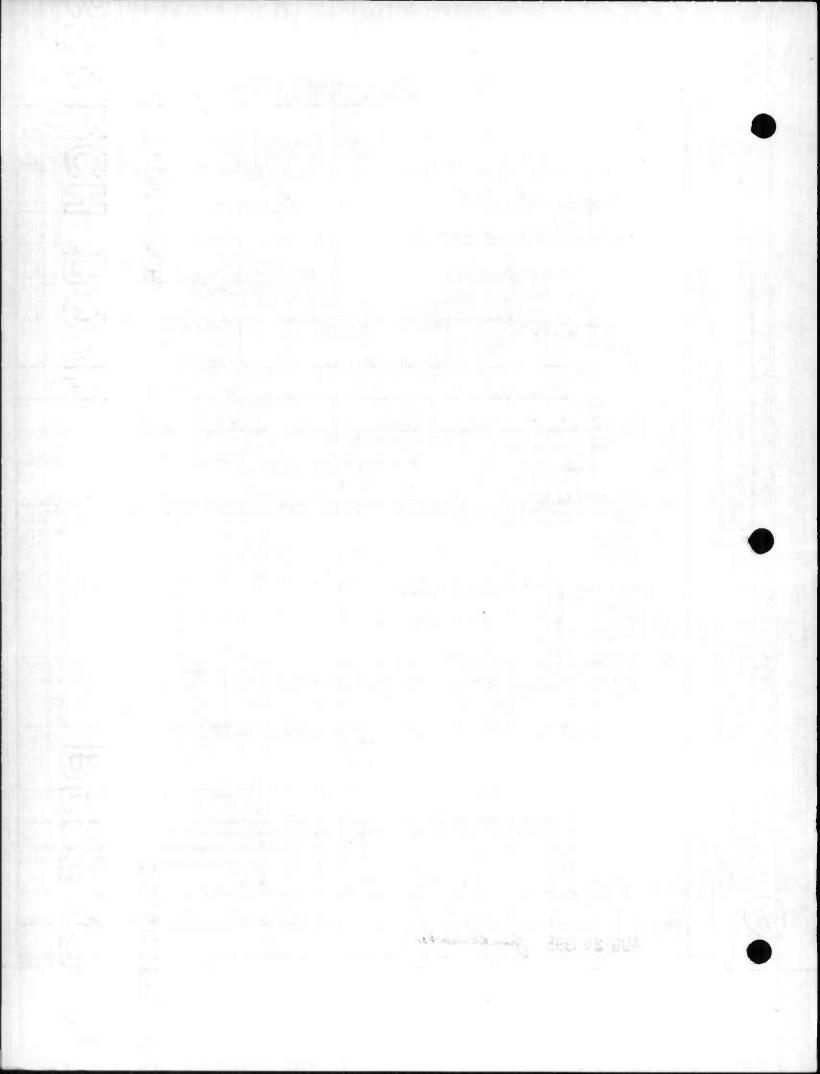
8.24.95

11.20

8. BIRTHPLACE (State or Foreign

I.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTME CERTIFICA	NT OF HEALTH AND N	MENTAL HYGIENE REG. NO.	
1	1. DECEDENT'S NAME (First, Middle, Las	WILLIAM BROOK	r	2. DATE OF DEATH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		DER 1 YEAR OF UNDER 24 HRS.	7. DATE OF BIRTY	8. BIRTNPLACE (State or Foreign
. 5	214-26-707	7 1 10 M 2 D F 66 YRS. MONTH	B DAYS HOURS MIN,	10-12-28	CALVERT CO. M.
œ	9a. FACILITY NAME (If not institution, give	street and number)	TY, TOWN OR LOCATION OF DE		OUNTY OF DEATH
СТОВ	RESIDENCE OF DECEDENT	14N TUAD LA	NDOVER	//	G, Co.
DIREC	MADVIAND PR	1	OVER		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	THE GOODEN DANK	10f. ZIP CODE		1 ☐ YES 2 ☑ NO
FUNERAL	7728 OXM	AN ROAD	20785		1. S.
	1 Never Married 2 Narried	12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1)(_] YES 2NO IF YES, GIVE WAR OR DATES	if yes, specify Cuban, Maxicar  1 YES 2 NO Specify		Black, White, etc.
ED BY	3 Widowed 4 Divorced	1950 - 1955 DUCATION 160. DECEDENT'S USUAL	/		BLACK
	(Specify only highest gra		ne during most of working	16b. KIND OF BUSINESS/II	NDUSTRY
COMPL	7	MAINTEN			ANCE ENG.
E CO	17. FATNER'S NAME (First, Middle, Last)  DAVID  B	ROOKS	18. MOTNER'S NAI	ME (First, Middle, Malden Syrname,	
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AODR	ESS (Street and Number or Rural R	oute Number, City or Town, State,	
-	BECUICE J'M	17H BLOOKS 7728	OXMAN Rd		MD- 20785 - City or Town, State
	Buriel 2 Cremetion 3 Re	movel from State			LAAM, MARYCAN
	21. BIGNATURE OF FUNERAL SERVICE	LICENSEE	2. NAME AND ADDRESS OF FAC		
	Monle	all wath. I	LOFFMAN FUN.		AUEN.E WASH. D
	shock, or heart failur	r complications that caused the death. De not so s. List only one cause on each lins.	er the mode of dying, such	n ee cerdiec or reepiratory o	interval Betw
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	B. Car Dio Resging to	nen anoi		Onset and D
		DUE TO (OR AS A CONSCIDENCE OF):	notation	. 1 0	h 101 10 100
CATION	Sequentisity list conditions, if any, iseding to immediate	DUE-TO (OR AS A CONSEQUENCE OF):	W(45/971	c comp co	cup 10 me
FICA.	cause. Enter UNDERLYING CAUSE (Disease or injury	cDUE TO (OR AS A CONSEQUENCE OF):			
CERTIFI	thet initiated events resulting in death) LAST	d			
AL CI	PART II. Other significant conditi	ons contributing to death but not resulting in the	underlying cause given in	Part I. 24s. WAS AN AUTOPS	
MEDICA	metastat	a Canco to B	oux 4a	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
: ME				- 1	1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATN (Che	ck only one)	
YSIC	1 TYES 2 NO		lursing Nome 5- Residence	6 Other (Specify)	
	27. MANNER OF DEATN  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE NOW INJURY O	OCCURED
D BY	2 Accident Investigation 3 Suicide 8 Could not b	28s. PLACE OF INJURY - At home form street		281. LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,
ETE.	4 Homicide determined				
COMPLETED	onel —	SICIAN: To the best of my knowledge, death occurred at ti NER: On the basic of examination and/or investigation, in a			
	294-GIGNATURE AND TITLE OF CERTIF		29c. LICENSE NUM		ATE SIGNED (Month Day, Year)
TO BE	1 John 9.	1 HAT SUM	1) 1510	5 4,41	(NI . 1 ) -
-			10/0		8/28/95
	30. NAME AND ADDRESS OF PERSON OF	WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	EVING ST N	W. WASH, 2	8/28/19 1.C. 20002
	30. NAME AND ADDRESS OF PERSON V JOHN E. N 31. DATE FILED (Month, Day, Year) AUG 80 1991	CKNIGHT 105 TA	EVING ST N	I.W. WASH, I	



PHYSICIAN: MEDICAL CERTIFICATION

BY

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BE 0 Sequentially list conditions,

if any, leading to immediate

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Division OF VITAL RECORDS, P.O. BOX 68/60 BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

95 28148 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)
WILLIAM 2. DATE OF DEATH 3. TIME OF DEATH Η. BUTLER JR AUGUST 7;30 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 | F DAYS YRS. 578-48-5419 58 March 8, 1937 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince George's Hospital Center Prince George's Cheverly RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince George's Seat Pleasant 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 6100 Baltic St. 20743 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Snacks: American 1 Never Married 2 X Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 TYES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Indian COMPLETED 16e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 10th Truck Driver Private 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Harrison Butler, Sr. Mary E. Newman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Regina E. Butler 6100 Baltic St.; Seat Pleasant, Md 20743 20a. METHOD OF DISPOSITION
1 ☼ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Harmony Memorial Park 4 ☐ Donation 5 ☐ Other (Specify) _ 9/2/95 Landover, Md 21. SIGNATURE OF MUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 4001 Benning Rd., N.E. Wash., D.C. 20019 Inter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition DUE TO (OR AS A CONSCOUENCE OF): MIO resulting in death)

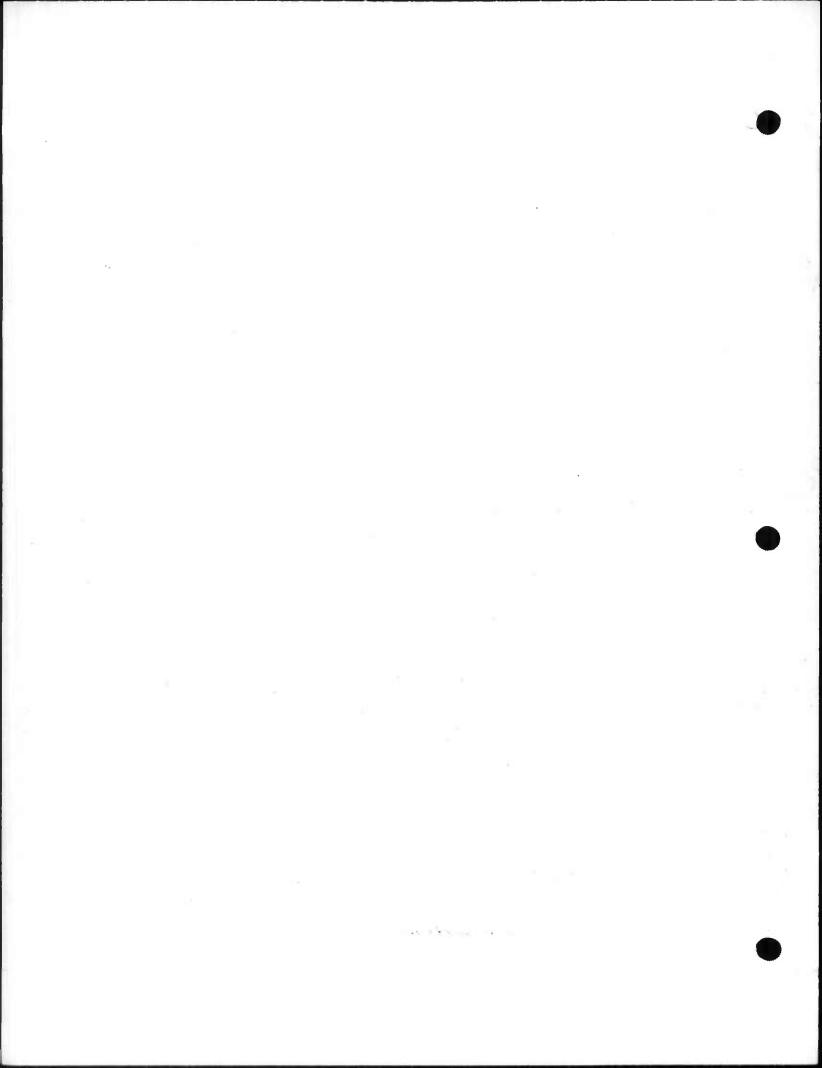
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):					
PART II. Other significant condition  CHYMIC ONSTRU	utive pulmon	iary di	nderlying couse given in	PERFORMEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF OEATH (Check only one)					
1 TYES 2 TO NO	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW INJURY OCCU	REO -		
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, fac	tory, offica	281. LOCATION (Street and Number of City or Town, State)	Rural Route Number,		
				a to the cause(a) and manner as stated a time, data and pieca, and due to the			

29c. LICENSE NUMBER

DUE TO (OR AS A CONSEQUENCE OF):

CAUSE OF OEATH (ITEM 27) (Spo. Print)

DHMH-16 Rev 1/89

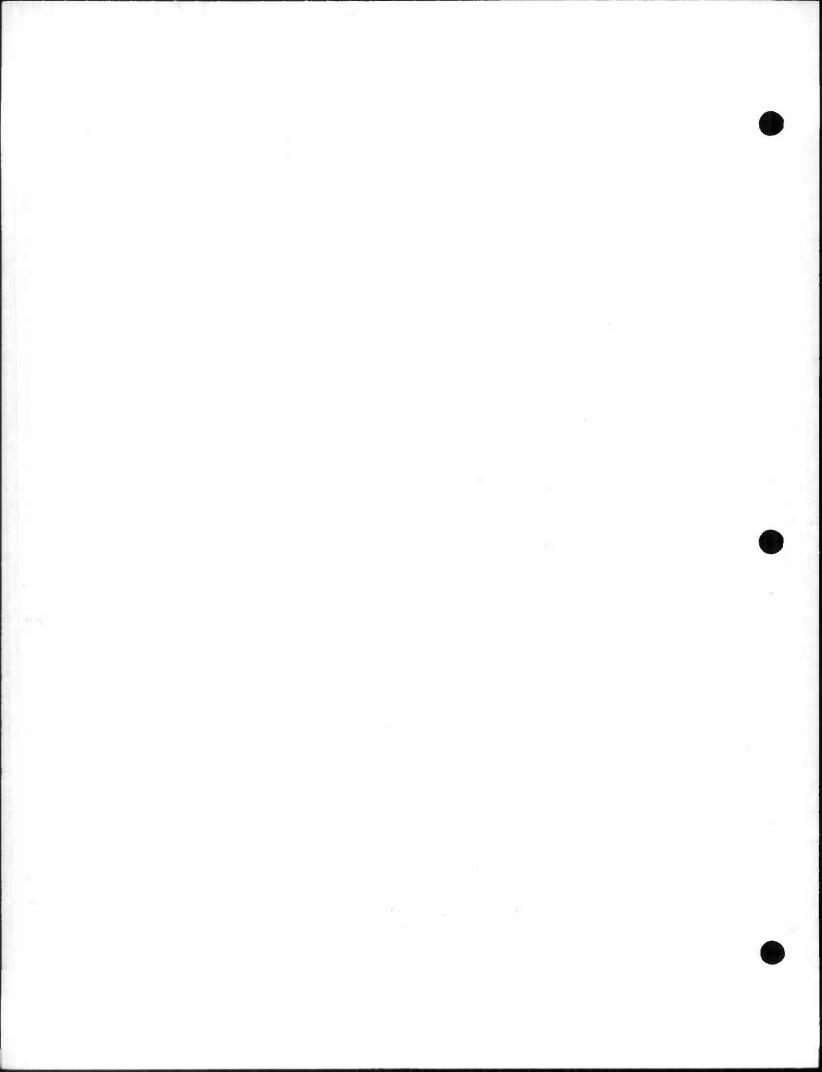


DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO BE COMPLETE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use wat.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
ter death. Page 6 may be retained by the hospital or ath	TO THE MOSPITAL OR ATTENDING PHYSICIANY. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or aft

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT/	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AI CERTIFICATE OF DEATH	ND MENTAL HYGIENE  REG. NO.								
	1. DECEGENT'S NAME (First, Middle, Lest)	2. DATE OF OEATH 3. TIME OF OEATH								
	Thomas Howard BALDWIN	August 24, 1995 3:25P M								
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 IF UNDER 24 IF UNDER 3 YEAR MONTHS DAYS NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOURS IN NOUR	HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign								
	216-12-4998 1 1 2 1 7 7 YAS.	August 4, 1922 Maryland								
œ	90. FACILITY NAME (If not institution, give street and number)  Doctor's Community Hospital  Lanham	of DEATH    Sc. COUNTY OF DEATH   Prince George's								
5	RESIDENCE OF DECEDENT	Tithee dedige s								
DIRECTOR	Maryland Prince George's Riverdale	10d, INSIDE CITY LIMITS?								
L D	10e. STREET AND NUMBER	1 √ YES 2 NO								
RA	5718 Tennyson Road 20737	10g. CITIZEN OF WHAT COUNTRY?								
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF H	HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian,								
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO If yee, specify Cuben, N 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO S	Maxican, Puarto Rican, etc.) Black, White, etc.								
		White								
COMPLETED	(Specify only highest grade completed)  (Give kind of work done during most of working life to NOT use retired.)	16b. KIND OF BUSINESS/INQUSTRY								
P	8 College (1-4 or 5+) Home Improvement Cont:	ractor Self Employed								
ő		N'S NAME (First, Middle, Malden Surname)								
BE		ie Maske								
2		Rural Route Number, City or Town, State, Zip Code)								
	3710 Tehnyson Road I	Riverdale, Maryland 20737								
	1 Burial 2 Ceremation 3 Removal from State cemetery, cremetory or other place)	DATE 20c. LOCATION — City or Town, State Brentwood, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (	OF FACILITY								
		ch's Sons Funeral Home P.A. ore Avenue Hyattsville, MD 20781								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying.	, such as cardiac or respiratory arrest,   Approximate								
	IMMEDIATE CAUSE (Final	Interval Between Onset and Death								
	resulting in death) - Hypen tensive after pluste as	endro vos culed deseare								
	DUE TO (OR AS A OGNSEQUENCE OF):									
NO.	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
CAT	cause. Enter UNDERLYING	į į								
Ē	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	d									
ALC	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
		PERFORMED?  AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS								
MEDIC		OF DEATH?								
Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATH (Check only one)									
¥ l	1 TYES NO 1 Inpettant 2 ER/Outpatlant 3 DOA 4 Nursing Home 5 Reside									
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?	28d. DEŞCRIBE HOW INJURY OCCURED								
BY	3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office	281, LOCATION (Street and Number or Rural Route Number,								
ETEO	4 Homicide determined building, stc. (Specify)	City or Town, State)								
MPLE	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and	d due to the cause(e) end manner as stated.								
S S S	one) 2 MEDICAL EXAMINER: On the basia of examination end/or investigation, in my opinion, death occured a	st the time, data and place, and due to the cause(a) and manner as stated.								
BE	396. SIGNATURE AND TITLE OF DEPRESSION 1	E NUMBER 299. DATE SIGNED (Month, Day, Year)								
0	Jugusto França y VIVI) #21	230 Sugust 25, 1995								
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DISTRICT OF THE PERSON L.C. BOX 00/00	CIAN:	Partifica
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FINEBAL DIRECTOR After this confidents has been eithed by the attending observed and convolutely filled to be the force of disease.
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	2	F

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		TENTAL HYGIEN		
	0.00	1. DECEDENT'S NAME (First, Middle, Last)	(Reverend) Ve	rnon Co	rnelius	Brown	2. DATE OF DEATHA	ug.23,	1995 TIME OF OEATH 5 10:18 P.M.M
Pi		4. SOCIAL SECURITY NUMBER 180-12-9760	1 (X) M 2 🗆 F	yrs. lest birthdey) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	November	8, F	BIRTHPLACE (State or Foreign Country) Pennsylvania
2, 3 should	OR	90. FACILITY NAME (If not institution, give st Washington Adve		al		oma Park	ATH	Montg	OF DEATH
<del>-</del>	DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  District of Column		10c, CIT	y, TOWN OR LOCAT	ington			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
sit permit	FUNERAL	100. STREET AND NUMBER 1023 Varnum Stre				20017			N OF WHAT COUNTRY?
the burial-transit permit. Pages	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 XXDivorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT		If yes, sp		C ORIGIN? (Specity Yes, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
for use as	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of vertife. Do NOT, us	usual occupation work done during more retired.) Records	st of working Clerk/Na	166. KIND OF BU	chives	E
be detached at once.		17. FATHER'S NAME (First, Middle, Last) Nathan	years I	Brown	<u>Pastor/N</u>	16. MOTHER'S NAM	anon Bapt NE (First, Middle, Maiden Jeritte		Newman
pe 5 should a notified	TO BE	190. INFORMANT'S NAME (Type/Print) Thelma Brown Harr	s (daughter)				oute Number, City or Tow		
director, page or must be		20e, METHOO OF DISPOSITION 1	remet cemet	PLACE AND DATE OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET OF STREET O		etery/Aug	, 28, Bre	ntwood	y or Town, State I, Maryland
the funeral director, val. I examiner must		21. SIGNATURE OF FUNERAL SERVICE LIC	(Q) ha		3831		Avenue,N.W	.;Wash	neral Home ington,D.C.
opietely filled in by the cremation, or removal.		23. PART I. Enter the disease, or c shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist Drily one ceuse Dri eed	th line.		de of dying, auch	as cardiac or reap	Iratory arrea	t, Approximate interval Between Onset and Death
physician and con ne prior to burial, ner traumatic en	ERTIFICATION	Sequentially list conditions, it any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
the att Menta Ijury,	AL CEF	PART II. Other algoriticent condition	contributing to deeth but	t not reculting i	in the underlying	g cause given in F	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
been signed by pt. of Health and 3 shows any in	MEDIC/	NIDDM	f Parkin	sons			PERFO	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
a has bee e Dept. o m 23 sh		DID TOBACCO USE CONTR	20		H (Check only one)	UNCERTAIN	Z		
this certificate has be with the State Dept. rked, or Item 23 s	PHYSICIAN:	t YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outpet  28a. DATE OF INJURY	lent 3 DOA		e 5 Residence (	Other (Specify) 28d. DESCRIBE HOW I	N.IIIDY OCCUE	nen.
	ВУ РІ	Netural 5 Pending Investigation	(Month, Day, Year)	INJ	M 1 1	PRK? YES 2 NO			
after 28 J	ETED	3 Suicide B Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specify	- At home, term, s	street, factory, office		281. LOCATION (Street City or Town, State)		Rural Route Number,
보이는	COMPL		CIAN: To the best of my knowled: On the basis of examination of						ause(s) end manner es stated.
TO THE FUNER be filed within 7 IMPORTANT:	TO BE	Marie a k	Johnson			29c. LICENSE NUM	923		ust 24, 1995
5		7243 Hans	ver Par	kway	Print)	eenbo	et, m	d a	40770
$\overline{}$		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE	)				

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	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

	FOR STATE OF MARY	/LAND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIEN	E					
	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO						
	1. DECEDENT'S NAME (Flat, Middle, Last)  BENDAMIN	BE	NNETT	2. DATE OF DEATH MONTH D	8 95	3. TIME OF DEATH AMM				
			UNDER 1 YEAR OF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH May 22, 1	930 Tay	THPLACE (State or Foreign				
TOR	9a. FACULTY NAME (If not institution, give atreet and number)  OUTHERN MANAGED PRESIDENCE OF DECEMENT	SOUTHERN MARYAND HOSPITAL CLINTON								
DIRECTOR	10a. STATE 10b. COUNTY N/A N/A		own on Location ington, D.C.		10d. INSIDE CITY MINTS? 1 XYES 2 NO					
FUNERAL	10. STREET AND NUMBER 612 12th N.E. #302	•	10f. ZIP CODE 20018			WHAT COUNTRY? STATES				
BY	11. MARITAL STATUS  12. WAS DECEDENT EVE FORCES? 1 YE  3 Widowed 4 Divorced  12. WAS DECEDENT EVE FORCES? 1 YE  IF YES, GIVE WAR OF		13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico 1 VES 2 AND Specifi	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No- 14, RA Bla Spe	CE — American Indian, ick, White, atc. colly: Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+) 2	life. Do NOT use rei	done during most of working		SINESS/INDUSTRY					
BE CON	17. FATHER'S NAME (First, Middle, Last)  ROBERT E. BENNETT			ME (First, Middle, Malden McDANIEL	Surname)					
10 E	190. INFORMANT'S NAME (Type/Print)  JOCELYN MARTIN		BelPre Rd.,			Md. 20906				
		FOR TOTAL TOTAL			cation - city or					
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE	M859	ALEXANDER S. 2617 Penn. Av	e., S.E.,	WDC 20	020				
	23. PART i. Enter the diseases, or complications that cour shock, or heart failure. List only one course or	sed the deeth. Do not a	anter the mode of dying, suc	h as cardiac or respi	ratory arrest,	Approximate				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	to Coc	real Me	ningi	tis	Onset and Death				
N	Sequentially, the conditions of the Conditions of the Control of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of the Conditions of t									
ATIC	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  C.									
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):									
0	PART ii Other significant conditions contributing to doubt	had not recutate at as		- 1						
MEDICAL	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 XNO  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
¥.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
Sic	EXAMINER?  1 VES 2 NO  HOSBITAL:  1 PROTECT OF DEATH (Check only one)  OTHER:  4 Nursing Home 5 Residence 6 Other (Specify)									
ву рну	27. MANNER OF DEATH  1 Retural 5 Pending (Mogth Day, Year) 2 Accident Investigation	Y 28b. TIME OF	E 28c. INJURY AT NT / A	28d. DESCRIBE HOW II	NJURY OCCURED					
E		RY — Al home, farm, street N/A	I, factory, office	281. LOCATION (Street a City or Town, State)	N/A	Route Number,				
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kind	owledge, death occurred at	the time, data and place, and due	to the cause(a) and man	ner as stated.					
COMPL	one) 2 MEDICAL EXAMINER: On the basis of examine					(a) and menner as stated.				
BE	Son Storfortune and TITLE OF OUTTINEN MA	n 1	10 20c LICENSE MUN  20c LICENSE MUN  20c LICENSE MUN	men 90	294. DATE Spong	2000				
유	30, NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF	DEATH OTEN OF CO.	12773		- 4	117 -97				

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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	1. DECEDENT'S NAME (First, Middle, Last Thomas	. Burk	e. S	r.				2. DATE OF DEATH MONTH	29,199	YEAR 3. T	IME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. les		F UNDER 1 YEA	R IF UNDER	24 MBR	August			8:15 A.N
	578 09 4907	MX M 2 D F	84		ONTHS DAY	_		(Month, Day, Year) August 1		Country	hington
	Sa. FACILITY NAME (If not institution, give	street and number)		91	b. CITY, TOW	N OR LOCATI				TY OF DEATH	
<u>۾</u>	327 Gordon Ave.				Sever	na Par	k			Arun	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	TV		Lastania							
DIRECTOR			1 .	-	OWN OR LO					31140	INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	ce George	S	MI	cchel	1V111e		<del></del>	IO. CITIZ		YES 2 NO
ERAL	4901 Smithwick	Lane				2072			United State		
FUN	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	RMED	13. WAS 0			IC ORIGIN? (Specify			merican Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 1	ND	If you,	specify Cube	in, Maxicar	n, Puerto Rican, etc.)		Black, Wh	ita, etc.
D BY	3√Widowed 4 □ Divorced									W	hite
ETEI	15. DECEDENT'S ED (Specify only highest grad	UCATION (e completed)	/G	CEDENT'S US live kind of work Do NOT use re	done during	ATION most of working	ng	16b, KIND OF E	USINESS/INDU	STRY	
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once.	17. FATNER'S NAME (First, Middle, Lest)			OWNEL		18 MOTE	HED'S NAS	WE (First, Middle, Meid		,10	
11 m	John Burke							t Spauld:			
3 0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Stre			loute Number, City or 7		Code)	
	Thomas E. Burke	, Jr.		327 G	ordon	Ave.	Seve	rna Park	Md. 21	146	
at De	20a, METNOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Re	movel Irom State		ANDDATEOF				DATE 20c.	OCATION — C	ity or Town, S	1ata
T must	4 Donation 5 Other (Specify)		Mt.	olivet	Ceme	tery	Se	pt. 1 19	995 Wa	shing	ton D.C
examiner	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		)	Robe	AND ADDRE	SS OF FAC	ns Funera	1 Home	РΔ	
	Kolvert &	CIPIO	no to	nen				is Rd. Bo			
medical	23. PART I. Enter the disesses, or	complications that	caused the de	eth. Do not	anter the	mode of dy	ing, such	ss cerdisc or res	piratory srre	et,	Approximats
Ē	shock, or heart failure IMMEDIATE CAUSE (Finsi	. List only one ceus	e on each line	).		~		_			Onset and Dat
t, the	disease or condition resulting in death)	Reges	retorn 1	25500	F. 4	veth	MA	Alu Do	Legen	eal	46/20
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ON	Sequentially list conditions,	DUE JO I	ON AL CONSEC	HUENCE OF:	wa	Ļ	ua	wife is	giai	u	Yuu.
trau CAT	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Pleases or Industry)								1992		
y, or other traumatic	CAUSE (Disease or injury that initiated events  DUE TO (DR AS A CONSEDUENCE OF):  resulting in death) LAST								-		
ER	resulting in death) LAST	d								-	
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vs any inju	gredeller 1		Heat			,		PERF	ORMED?	AWAII	ABLE PRIOR TO PLETION OF CAUSE
						/		1 □ YES	2 7 110		EATH? YES 2 NO
23 sho	DID TOBACCO USE CON	TRIBUTE TO CAL	JSE OF DEA	TH YES	□ NO	D UNC	ERTAIN	<u></u>		1	123 2   NO
_	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEATH	Check only or						
or item	1 TYES 2 NO	HOSPITAL:	ER/Outpetlent 3	DOA 4	THER:	ome 5 KR	sidenca (	6 Other (Specify)			
ked, or PHY	27. MANNER OF DEATN  1 Natural 5 Pending	28s, DATE OF I (Month, De	NJURY y, Year)	28b. TIME O		INJURY AT WORK?		28d. DESCRIBE NOV	INJURY OCCU	RED	
s marked, BY PH	2 Accident Investigation					YES 2	ND				
: Q	3 Suicide 8 Could not be 4 Homicide determined	28s, PLACE OF building, s	INJURY A1 ho fc. (Specify)	me, ferm, stree	et, factory, o	ffica		28f. LOCATION (Stree City or Town, Star		Rural Route I	lumber,
E	an organization										
= =	(Check only	SICIAN: To the best of n									
S S		IER: On the beele of exa	imination and/or i	investigation, li	n my opinion	, death occur	ed at the t	lime, date and place,	and due to the	cause(a) and	manner ee stated.
IMPORTANT: O BE COA	290 SCHATURE AND TITLE OF CERTIFIE	An	1.			29c, LICE	NSE NUM	BER	29d. DATE	SIGNED (Moni	h. Dav. Year)
2 ₹	Verner Junga	~UIM	1) sur			WIL	2/	2	1 / 1/4	14 7	0.001
	OD, NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLS	DE DEATH ATE	M 270 /F C	mel	1				701	9/199
	JAHRS HAND	AAA OU	OF DEATH (ITE	M 27) (Type, Pri	nt)	201	NE	WHEXI	D AV	NI	9/19( Wesh
	JAMES HORDS  31. DATE FILED (Month, Day, Mari)	AN OV	DONO	6-HUE	3 3	201	NE	WHEXIL	D AVI	Z N. A	9/19( wesh:

had the will that

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 20 hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernation, or removal.

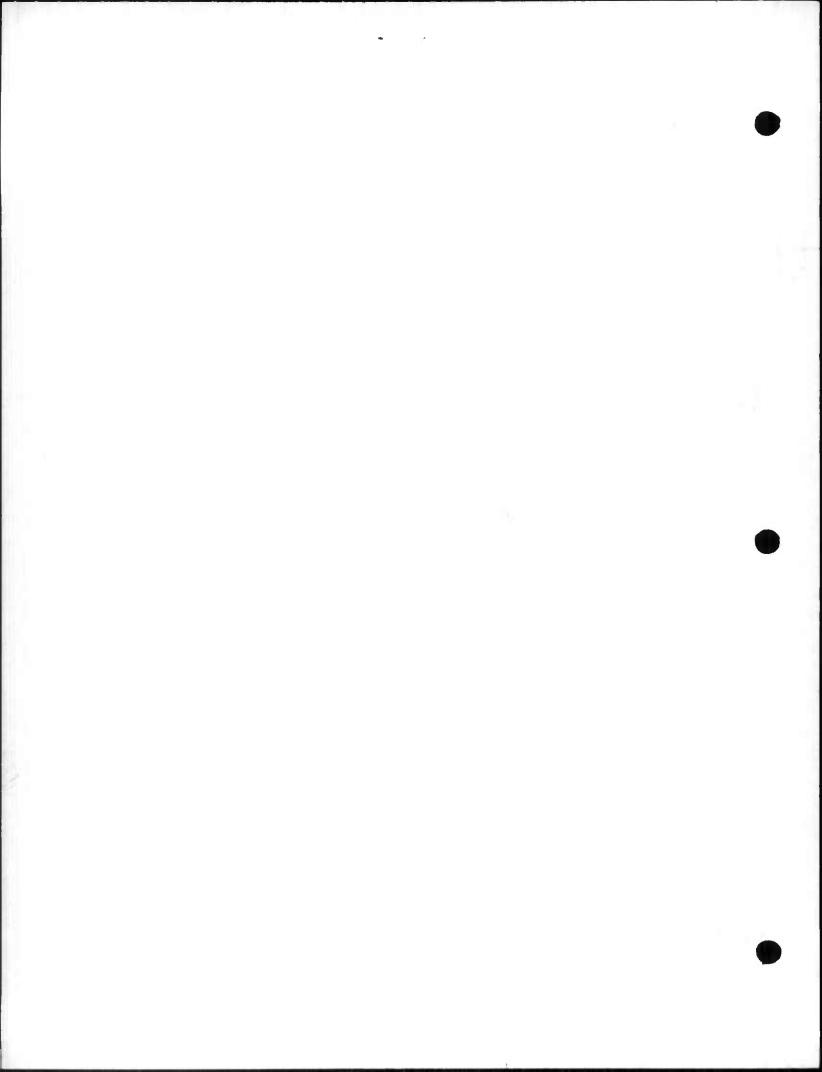
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

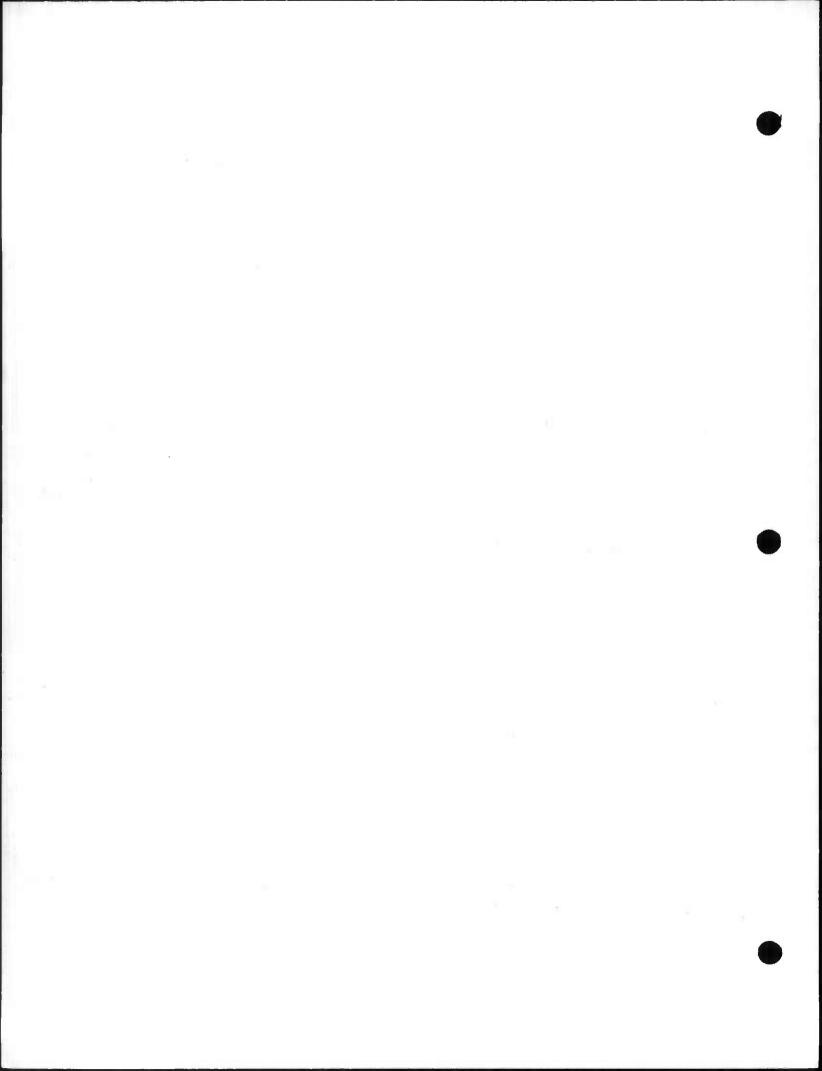
		REGISTRAR		C	ERTIFIC	CATE O	F DEATH	REG. NO				
	i	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH		3.	TIME OF DEATH	
		Jonathan		Buc	hanan		September 5		EAR	:21	D M	
	ŀ	4. SOCIAL SECURITY NUMBER		NGE (In yrs. la:		F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BUTTAL	1.	-		
		220-04-4453	1 √ M 2 ☐ F	7.1		ONTHS DAYS		(Month, Day, Year)	5 100	Ways	hingto	on
	1	220 MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN										
00		Discount of Death									Н	
0		Physicians Memorial Hospital La Plata Charles										
		RESIDENCE OF DECEDENT										
DIRECTOR		Maryland			IOC. CITT,					100	I. INSIDE CITY	
			Charles				Plata			1 {	YES XXN	0
اٍ≲		10a. STREET AND NUMBER				1	IOI. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?	
FUNERAL		12240 Ke	entucky H	ome I	Place		20646			U.	S.A.	
5		11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AF	RMED	13. WAS DE	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14.	RACE -	American Indian.	
15		Never Married 2 Married	FORCES? 1 1	YES 2 X I	NO	If yes, s	specify Cuban, Maxica S 2 XNO Special	in, Puerto Rican, atc.)		Bleck, W	White	
B		3 Widowed 4 Divorced				1	X	<b>7</b> ·		эрвсну.	wille	
		15. DECEDENT'S EDUC		16a. DE	CEDENT'S US	UAL OCCUPAT	rion	16b. KIND OF BUS	SINESS/INDUST	rRY		
		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	itve kind of wor Do NOT use r	k done during n etired.)	nost of working					
4		5	55/age (1-4 01 5 4)	St	uden	-		Schoo	. 7			
COMPLETED		17. FATHER'S NAME (First, Middle, Last)			-uucii		44 MOTHERIC NA	ME (First, Middle, Maiden				
		Bernie B. Buc	hanan									
BE		19a. INFORMANT'S NAME (Type/Print)	Hallall					een Murp				
ြ		- 11						Route Number, City or Tow				
		Bernie Buchana			2240 1	Kentu	cky Home	e Place, L	a Pla	ta,	Md. 20	1641
5		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	wal from State	20b. PLACE	AND DATE OF	DISPOSITION //	Vame of	DATE 200 LO	CATION CIN	as Yama	Odete	
		4 Donation 5 Other (Specify)		Metr	opol	itan (	Cremato	ry9/9/95	Alexa	ndr	ia.Va.	
5		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRESS OF EA	CILITY				
		> nous	VII M	00174				HOLS FUNE				
5	4	15 Cent	The same			P.0	. BOX 50	67 , La P	lata,	Md.	20646	
	H	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplications that cause of	used the de	eth. Do not	enter the m	ode of dying, suc	h an cardiac or reapi	ratory arrest,		Approximate	
		IMMEDIATE CAUSE (Final	( )	_	0	1		0			Onset and E	
	1	disease or condition resulting in death)	. Ucu	ti	Sin	lan	eous	Cardisc	ane	2		
	ı	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	DUE TO (OR	AS A CONSE	OUENCE OF):	/	0 0 1					
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CERTIFICATION		Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
<b>E</b>   §		cause. Enter UNDERLYING										
		CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSE	DUENCE OF):							
E		resulting in death) LAST										
	H	d										
4	1	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
EDICAL	1	PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE										
		1   YES 2   NO OF DEATH?										
Σ		DID TORACCO LISE CONTRIBILITE TO CALISE OF DEATH, VES TO NO TO UNICEPTAIN TO										1
PHYSICIAN:	1	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
□ □	1	EXAMINER?	HOSPITAL:		0	THER:	"		1+	4	- 1	
₹ S		1 YES 2 NO	1 Inputient 2 ER/				me 5 - Residence	6 DOther (Specify)	Junes	ng le	rent	
E E	1	27. MANNED-OF DEATH	28a. DATE OF INJU (Month, Day, Ye	er)	28b. TIME O		IJURY AT ORK?	28d. DEŞCRIBE HOW II	JURY OCCURE	ED		
B	î	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆	YES 2 NO					
ED E	i	3 Suicide 6 Could not be	28a. PLACE OF INJ	URY — At ho	ma, farm, atre	et, factory, offi	lca	26f. LOCATION (Street a	nd Number or A	lural Route	Number,	
티밑	4 Nomicide determined determined											
COMPLET		29a. CERTIFIER	TAN: To the heat of our l	nowledge de	ath annual							
2	ı							fo fhe cause(s) and man				
8	-	2 MEDICAL EXAMINER	. Other beats of sasting	atrott and/or t	mveaugation, i	n my opinion,	death occured at the	lime, data and place, and	dua to the ca	use(s) and	f manner as state	ed.
BE		296, SIGNATURE AND THEE OF CERTIFIER	0	1410	\		29c. LICENSE NUI	ABER	29d. DATE SIG	SNED (Mo	nth, Day, Year)	
10		Muc Con	naugray	- Wic	1		DO70	78 /	<b>&gt;</b> 9	1/45	>	
15	r	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, Pri	int) / .	-/	7	11	1	-1.1	
		1/4/8 LIVIN	1557m	Rd	10	rT L	JAShina	Aton, 1	Vld	20	1744	
		31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S	HENATURE	0					6	, . ,	
	11	CED 0 8 1995	Stella Willia	መልዕና የሴ	roall			~				



permit. Pages 1, 2, 3 should

requires that the death ce een signed by the attendir of Health and Mental Hy, shows any Injury, or	in PHYSICIAN: The law requires that the death ce if this certificate has been signed by the attendit in with the State Dept, of Health and Mental Hyy arked, or Item 23 shows any Injury, or o	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	PHYSICIAN: The law re this certificate has but with the State Dept. arked, or Item 23	TAL OR ATTENDING PHYSICIAN: The law AL DIRECTOR: After this certificate has bing bours after death with the State Dept.  If item 28 is marked, or item 23 is them 28 is marked.

	1 - STATE REGISTRAR	STATE OF N	/ IARYLAND Ce				IEALTH DEAT		MEN1	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DA	TE OF DEATH		YEAR	3. TIME OF DEATH
	EUGENE GII	5. SEX	8. AGE (in yrs. less	t falettedand	IF UNDER	BOL	DEN IF UNDER			tember			1:20 P M
	210-07-0561	1 M 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.					PLACE (State or Foreign y)
	Sa. FACILITY NAME (If not institution, give it				96. CITY	, TOWN	OR LOCATIO	ON OF DE	EATH	CEMBEI		ITY OF D	T VIRGINIA
TOR	Memorial Hospita	1 & Medic	al Cente	er	Cı	ımbe	rland				A11	egan	У
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWH	OR LOCA	TION						10d. INSIDE CITY
		EGANY			I	AVA	LE						LIMITS?  1 YES 2 NO
FUNERAL	106. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?				
UNE	1065 CEDAR STE	12. WAS DECEDENT	EVER IN U.S. ARI	21502  MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spec				SIM? (Specify Vo	Yes or No.— 14 RACE — American Indian				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X N	2 X NO If yes, specify Cuban, Maxican, Put				n, Puarl	n, Puerto Rican, etc.) Black, White,				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				1	6b. KIND OF BU	SINESS/IND	USTRY		
PLE	Elementary/Secondary (0-12) College (1-4 or 5+)			Iffe. Do NOT use retired.)  PRINTER				NEWSI	APFE	·			
WO.	17. FATHER'S NAME (First, Middle, Last)			I KI	N I L		16. MOTH	ER'S NA	ME (Firs	t, Middle, Maiden		`	
BE C	JOHN ALBERT E	OLDEN			MARJORIE GILL								
5	19a. INFORMANT'S NAME (Type/Print)									mber, City or Tow			
	MARY B. BOLDE	EN	20b, PLACE A					EET					D 21502
	1 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	cemetery, crer	natory or o	ther place)		IAL	CAD	1		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSES	NEST.	LAN			D ADDRES			/OI LA	VALL		ARYLAND
	1 Douglas	1 Hal	few		13	02	NATI	ONA	I.	HWY I.A	VAL.	. M	MORTUARY D 21502
	23. PART I. Enter the diseases, or ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. STAP	H A u	reus	Sep.								Approximate Interval Between Onset and Death Ten Days
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Decubitus Ulcer-Heel  Due TO (OR AS A CONSEQUENCE OF):  Paraplegia  Two Months  Spinal Cord Tumor (Metastatic From Lung)  Two Months												
	Lung Carcinom				PERFORMED?  1 YES 2 NO			24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
	EXAMINER?  1 YES 2 THO THER:  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
E	27. MANNER OF DEATH	28a. DATE OF ( (Month, Da		28b. TIM		28c. INJ		T	-	ESCRIBE HOW I	NJURY OCC	URED	
B	1 Natural 5 Pending 2 Accident Investigation		M 1 TYE		/ES 2 🗌	NO							
ETED	3 Suicide 6 Could not be 4 Homicide determined	ne, farm, afreet, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETE	Check only 0000 2 MEDICAL EXAMINE												and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	1		-			29c. LICE		BER		29d. DATE	SIGNED	(Month, Day, Year)
TO B	Mullain	Ulm	mo				D25	406			S	epte	mber 5,1995
	30. NAME AND ADDRESS OF PERSON WH Dr. William Lamm	47 Virg	inia Ave	nue		ber	Land,	Md.	2	1502			
	SEP 0 6 1995	37 DECISTRAF	PERSONATURE	all									



BALTIMORE, MARYLAND 21215-0020

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DIVISION	TALL OF ATTENDED
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	1. DECEDENT'S NAME (First, Middle, Les	1)				2. DATE O	F DEATH DAY	YEAR	3. TIME OF DEATH	
	DOROTHY ELAT  4. SOCIAL SECURITY NUMBER	272.02.40				AUGU		1995	5:00 p ^M	
	206-26-5042	1 □ M 2 🖾 F 62	(In yrs. last birthday) YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month.	P BIRTH Day, Ybar) 1933	Coun		
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF			c. COUNTY OF	isylvania DEATH	
בוכו	Sacred Heart Hospital Cumberland Allegany									
DIREC	10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY									
	Maryland Alle	gany	La	VAlle			LIMITS? 12 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1039 National H	i ahi mi		1.75	f. ZIP CODE		10		WHAT COUNTRY?	
N N	10.39 IVALITORIAL II	12. WAS DECEDENT EVER IF	V U.S. ARMED		21502 CENDENT OF HISP	ANIC ORIGINS	(Specify Veg or	USA	E American Indian,	
10	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Maxie 3 2 NO Spec	can, Puerto Ric			ik, White, atc.	
	15. DECEDENT'S ED	HICATION	14- DECEDENT	USUAL OCCUPATION		, willte				
COMPLEIED	(Specify only highest gre Elementary/Secondary (0-12)			work done during me		16b. F	UND OF BUSINE	SS/INDUSTRY		
	12		Homema	ker			Own Ho	ome		
	17. FATHER'S NAME (First, Middle, Lost) Harry Walter Ei	chan					ddle, Maiden Surr			
20	19e, INFORMANT'S NAME (Type/Print)									
2	Gerald Ephraim 1	Broadwater	1039	Nationa	l Highwa	ay La	Valle N	D 2150	2	
1	204, METHOD OF DISPOSITION 1 Deviat 2 Cremation 3 Re	movel from State cem	etery, crematory or	OF DISPOSITION (Ne		9/2/2	20c. LOCATI	ION City or To	own, Stata	
	4 ☐ Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	Ca	asebeer	Cemetery	ND ADDRESS OF F	1917	Some	erset P	Α	
	> Edward	~ ~ ! //	(SNK)				ral Hon	ne Some	rset PA 1550	
$\dashv$	23. PART I. Enter the diseases, or		the death. Do							
	shock, or heart failure IMMEDIATE CAUSE (Final	. List only one cause on e	ech line.		^	^	_		Approximate Interval Between Onset and Death	
	disease or condition resulting in deeth)	· A aut	a Ma	ceard	I lai	Mar	elipi	1	12 6	
		DUE TO (OR AS A	CONSEQUENCE	P 1.	- •					
5	disease or condition A cute My ocardial Infarction ( DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								1240	
	cause. Enter UNDERLYING CAUSE (Disease or Injury	C						1 0		
EKIL	that initiated events resulting in death) LAST	DUE TO (OR AS A	<del>የ</del> ):							
	d.									
AP.	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PROPRIED?  ANALABLE PRIOR TO COMPLETION OF CAUSE									
	abateur	-   '	TES 2	No	OF DEATH?					
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
SICIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
	1 TES 2 NO	1XX Inpatient 2 - ER/Outp			e 5 🗆 Residence	6 🗆 Other (	Specify)			
- 1	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY WO	RK?	28d. DESC	RIBE HOW INJUI	TY OCCURED		
	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, building atm. (Specific)							Route Number,		
	4 Homicide detarmined building, stc. (Specify)  building, stc. (Specify)  building, stc. (Specify)									
		SICIAN: To the beat of my knowl								
	2 MEDICAL EXAMIN	IER: On the besis of examination	and/or investigation	on, in my opinion, d	eath occured at the	e time, data ar	nd place, and du	a to the cause(s	a) and manner as stated.	
#	29b. SIGNATURE AND TITLE OF CERTIFI		. 1	) h	29c. LICENSE NU	JMBER // >	294	d. DATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON	HO COMPLETED CAUSE OF BE	ATH (IVEM 77) (No	Print)	ידווע	70		AUGUST	3(,1995	
	Wayne C. Spiggl	e MD 91	2 Set on		Cumberla	nd MD				
	31. DATE FILED (Month, Day, Year) SEP 0 5 1995	30. REGISTRAR'S SIGNI	ATURE							
100	3FF U 3 144h	THEN OF INTERNATION.	a crossocy.							

## BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARTLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DESCRIPTION OF ALAE AECOADS, T.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

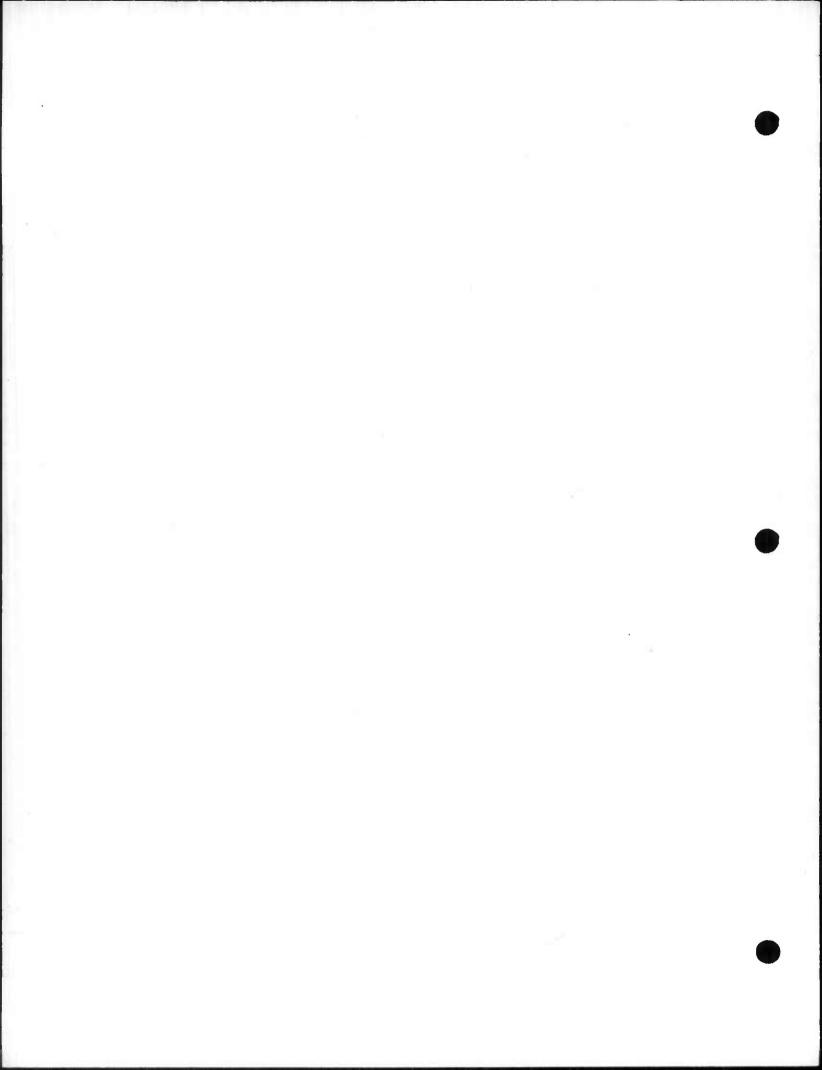
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	IEALTH AND	MENTAL HYG				
-	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF OEAT		YEAR	3. TIME OF DEATH	
	PEGGY  4. SOCIAL SECURITY NUMBER  5	J EAN	2000			AUGUST	31 19	95	00:40 M	
		- but	,	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea	ir)	6. BIRTI		
	213-22-2711 1  Da. FACILITY NAME (If not institution, give stree		20.50	A CITY TOWN	OR LOCATION OF D	JULY 17		INTY OF D	MARYLAND	
DIRECTOR	SACRED HEART HOSPIT			CUMBE		EAIN		LLEG		
EC	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	TION				10d. INSIDE CITY	
	MARYLAND ALLE	GANY	LAV	ALE					LIMITS?	
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?	
NEF	8 LOCUST STREET				21502			U.S.A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEOENT EVER IN FORCES? 1 \subseteq YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 1 If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify:			14. RAC Blac Spec	E — American Indian, k, Whita, afc.	
	15. DECEOENT'S EDUCAT	ION	16a. DECEDENT'S US	HAL OCCUPATION	NAI .	165 KIND OF	BUSINESS/IN	DUCTON	WHITE	
ETE	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) Coffege (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mo etired.)	st of working	166. KIND OF	BOSINESS/IN	DUSTRY		
AP.	12		HOUSE KE	EPER		Hous	SE KEEI	PER		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Ma	iden Sumeme)			
BE	SAMUEL BOYD MOO	N				VICTORIA				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or				
Ė	RICHARD BUCKEL JR.  20a. METHOD OF DISPOSITION	200				EW MARKE				
	1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State came	PLACE AND DATE OF I	nlace)		1	LOCATION -		INGER, MARYL	
	21. SIGNATURE OF FUNERAL SERVICE NICEN	SEE	MANUEL LU	22. NAME AP	D AOORESS OF FA	NCILITY		31117	INGER, MARYL	
	A Sold of Mar	94				FUNERAL				
	23. PART i. Enter the disesses, or com	Discriptions that caused	the death. Do not	anter the mo	ECATUR S	TREET CUN	IBERLAN	VD MA	ARYLAND	
	ahock, or haart fallure. Lis IMMEDIATE CAUSE (Fins)	t only one cause on as	ich line.					,	Interval Between Onset and Death	
- 1	disesse or condition resulting in death)	14/1	THA	4561	717				DOVER	
	DUE TO (OR AS A CONSEQUENCE OF:									
8	Sequentially list conditions,  Description (or as a consequence of):									
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disease or injury that initiated events Due to (or as a consequence of):									
E	resulting in desth) LAST									
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	PERFORMED? AMILABLE PRIOR TO								AMILABLE PRIOR TO	
EDI	1 U YES 2 COMPLETION OF CAUSE OF DEATH?								OF DEATH?	
Ξ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 12									
IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SIC	EXAMINER?  1 YES 2 PAPER   HOSPURAL:  1 Periant 2 ER/Oulpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
E	27. MANNER OF DEATH	DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT 29d. DESCRIBE HOW IN.						CUREO		
BY	1 Natural 5 Pending 2 Accident Investigation		M 1 🗆 1	ES 2 NO				-		
COMPLETED	2 Publish - 286 PLACE OF IN HIPY - At home form attent factors willing							or Rural I	Route Number,	
PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowle	edge, death occurred a	t the time, date	and place, and due	to the cause(s) and	menner as sta	ted.		
MO	one) 2 MEDICAL EXAMINER: C								) and manner as stated.	
w II	296. SIGNATURE AND VITLE OF CERTIFIER	n//		7 T	29c, LICENSE NUI				(Month, Day, Year)	
0	Tolon .	1/2	-		12/8!	169	19	16	31/45	
2	30. NAME AND ADDRESS OF PERSON WHO C	MPLETEO CAUSE OF DEA	TH (ITEM 27) (Type, Pri	7	ORTAL HO	SPITAL CU	MBERLA	AND iv	IARYLAND	
	SEP 0 1 1995	11. PRESTRAR'S SIGNA	or Randall							

attending physician. ise as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 72 hours after death. Page 6 may be retained by the hospital or :	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us he filed within 72 hours after death with the State Dent of Health and Mental Horison price in hural promation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TAL	NE N	=	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	ENT OF HEA	LTH AND	MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)			OI DI		2. DATE OF OEAT			3. TIME OF DEATH		
	RICHARD	D URR		EL SR.		AUGUST		YEAR	01-34		
	7.1	5. SEX 6. AGE (In yrs. II	MONT		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	(v)	Country	PLACE (State or Foreign		
	219-14-5797 90. FACILITY NAME (If not institution, give stre	71	YRS.	CITY, TOWN OR LO	DOLLAR DE D	SEPT 20			MARYLAND		
DIRECTOR	SACRED HEART HOSPI			UMBERLAN		EAIH		LEGA			
REC	10e. STATE 10b. COUNTY		10c. CITY, TOV	VN OR LOCATION					10d. INSIDE CITY LIMITS?		
		EGANY	GANY LAVALE						1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			10f. ZIP					HAT COUNTRY?		
UNE	8 LOCUST STREET	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	ARMED	13. WAS DECENDE	21502 ENT OF NISPA	NIC ORIGIN? (Specif		S.A.	— American Indian,		
BY F		IF YES, GIVE WAR OR DATES	NO	If yes, specify 1 YES 2 X	Cuban, Mexico	en, Puerto Rican, etc	.)	Black Specif	White, etc.		
	15. DECEDENT'S EDUCA	J.S.ARMY WW11							WHITE		
COMPLETED	(Specify only highest grade of	ompleted) (	DECEDENT'S USUA (Give kind of work do fe. Do NOT use retin	one during most of	working	16b. KIND OF	BUSINESS/IND	USTRY			
4PL	12		STATE I	PAPER CO	) .	PAPE	R PROD	UCTS			
SON	17. FATHER'S NAME (First, Middle, Last)		Danie J			ME (First, Middle, Me		OOID			
BE	WILLIAM E. BUCK					ELLEN WI					
TO	190. INFORMANT'S NAME (Type/Print) RICHARD BUCKEL JR.	2	96. MAILING ADDR 5 WEST 1	MAIN STR	umber or Rural REET NE	Aoute Number, City of EW MARKET	NARY	Code) LAND	21774		
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Remov		E AND DATE OF DIS			OATE 20c	LOCATION -	City or Tov	vn, State		
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE USIN	EMMAN	UEL LUT	IERAN CE	METERY	SEPT 2	1995 B	TTT!	NGER, MD.		
	21. SIGNATURE OF FUNERAL SERVICE CONSERVATION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STAT										
	hale of. 11	enle		404 DEC	ATIIR	STREET CH	MRERLA	ND MA	ARYLAND		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. MVCCALDIAL LAFARCTICAL  QUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
TIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events out to (OR AS A CONSEQUENCE OF): resulting in death) LAST										
	d.										
MEDICAL	PART II. Other significant conditions REFUMATOID		resulting in the	underlying car	use given in	PEF	S AN AUTOPSY REORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEC	EMPHY SEMI								OF DEATH?		
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DEA	ATH YES	PNO U	NCERTAI	N 🗆					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORRITAL	CE OF DEATH (Ch								
1YS	1 YES 2 DAG	28e. DATE OF INJURY				6 Other (Specify)					
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?		28d. OEŞCRIBE NO	W INJURY OCC	URED			
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	Y — At home, farm, atreet, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Ë	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowledge, d	feeth occurred at 1	ha alma data and a	de la contraction						
COMPLETED		On the besis of examination and/or							and manner se stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				LICENSE NUI				Month, Day, Year)		
) BE	allen	MO			D434				34 1991		
5	30. NAME AND ADDRESS OF PERSON WHO							-			
1	MEMORIAL H	OSOITAL	CUMBER	LLAND	MA	RYLAND	DR DAN	IEL	LEIBMAN		
	31. DATE FILEO (MORTE, Dec. 1687) 1995	32. BEGISTRAN'S SIGNATURE	ardall								

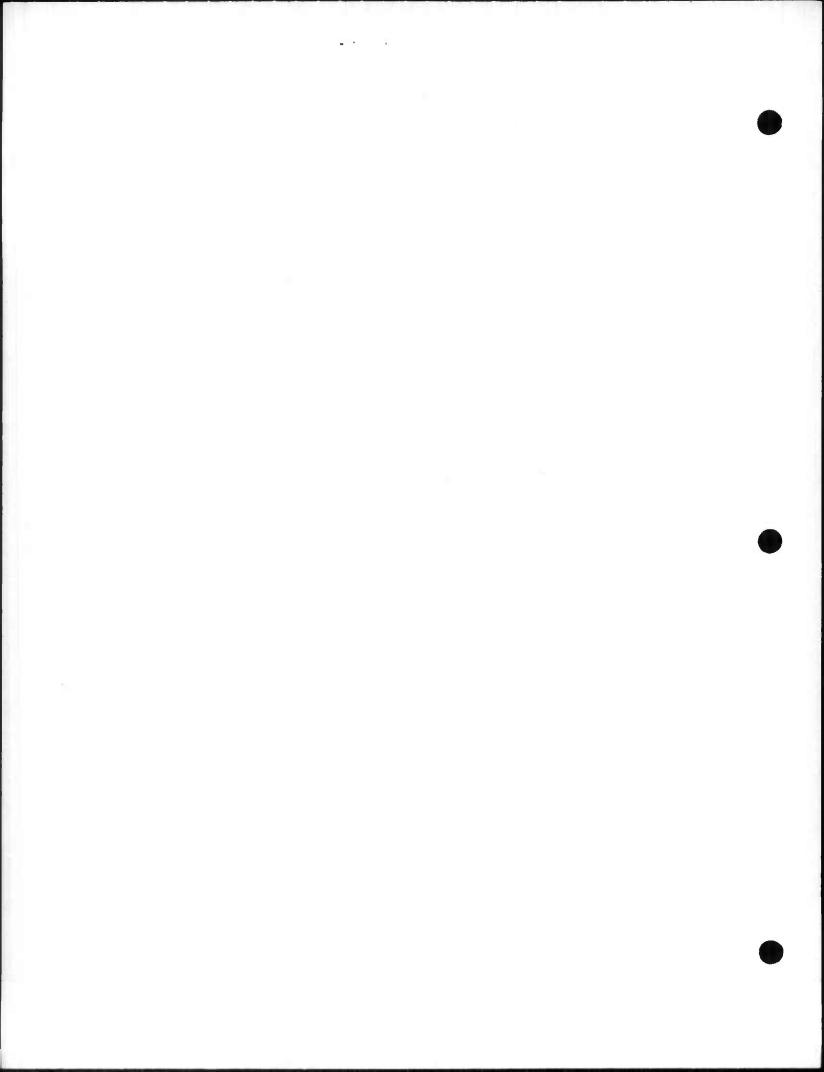


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DIVISION OF VITAL RECORDS, P.O. BOX 6

OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
EGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF I	HEALTH AND	MENTAL	HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last) Emma Louise Bi(			107.2 0.	DEATT	2. DATE O	OF DEATH DAY	1 9 9 5	3. TIME OF OEATH	
3 should		4. SOCIAL SECURITY NUMBER  220-12-0869  9a. FACILITY NAME (If not institution, give st	1 □ M 2 📉 F	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	Septe	mber 16, 1	Country	nsylvania	
1, 2, 3 sh	ECTOR	Kent & Queen Ar		ospita					ent	:AIN	
020 physician. burial-transit permit. Pages	PIE		ent	10c. CIT	r, town on Loca Chest	ertown				10d, INSIDE CITY LIMITS? 1 X YES 2 NO	
an. ransit perr	FUNERAL	601 Cannon Street			10	ON. ZIP CODE 2162	0		ited S	tates	
215-0020 attending physician. se as the burial-trans	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3. Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 XNO	If yes, sp	CENDENT OF HISPA pecify Cuban, Mexica \$ 2 XNO Specific	en, Puerto Al-	— American Indian, , White, etc. y:			
21 21 for u	LETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATE work done during ma se retired.)	ION ost of working	16b. KINO OF BUSINESS/INDUSTRY				
RYLAND 2 ed by the hospital uld be detached to ed at once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	11	Clerk 18. MOTHER'S					·o)		
MARYL retained by 5 should be notified at	TO BE	William George Ha  190. INFORMANT'S NAME (Type/Print)  William A. Biddle				Elizabe	Route Numbe	r, City or Town, State,		_	
The sage		William A. Biddle  104 Elm Street, Chestertown, Maryland 21620  206. METHOD OF DISPOSITION 1 X Method of Disposition 3 Removel from State 4 Donatton 5 Other (Specify)  206. PLACE AND DATE Of PLACE AND DATE OF OISPOSITION (Name of Commettery, crametery, crametery or other place) Chester Carretery - August 15, 1995  Chestertown, Maryland									
ALTIN r death. Page e funeral dir al. examiner		21. SIGNATURE OF FUNERAL SERVICE	I King Jr	J Jr.	Fello	ND ACCRESS OF FA OWS - Wel est High	ciuty 11s Fi	meral Ho	ome		
760 ed within 24 hours af completely filled in by al, cremation, or remo		23. PART I. Enter the diseasea, or c ahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused clat only one cause on each clat only one cause on each clat only one cause on each clat only one to constant of the caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one caused one c	cardia	l in fa	oda of dying, suc	h aa cardi	ac or reapiratory	arreat,	Approximate Interval Between Onset and Death	
P.O. BOX th certificate be ending physician I Hygiene prior to or other traus	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C								
CORD  lires that the signed by th Health and N  we any Inj	甘	PART II. Other algnificant conditions	1	24e. WAS AN AUTOPS PERFORMEO? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
	PHYSICIAN: MEDIC	DID TOBACCO USE CONTR			S NO C		N 🗆			1 TES 2 NO	
CIAN: entifica the St	HYSIC	EXAMINER?  1 YES 2 NO  27. MANNER OF GEATH	HOSPITAL: 1 Unipetient 2 ER/Output 28e. DATE OF INJURY		OTHER: 4   Nursing Horr	ne 5 🗆 Residence					
이 뜻 불를 할	B⊀	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28e. PLACE OF INJURY	INJ	M 1 🗆	YES 2 NO		RIBE HOW INJURY			
DIVISION OR ATTENDING I DIRECTOR: After hours after death Item 28 is man	LETED	4 Homicide determined	building, etc. (Specify	y) 			City or	TON (Street and Num Town, State)		ute Number,	
로 되었는	COMPLET	(Check only one) 2 MEOICAL EXAMINES	EAN: To the best of my knowled							end manner as stated.	
TO THE HOSPIT TO THE FUNERA be filed within ?	TO BE		nonfold or	)		29c. LICENSE NUI		29d. D	STE SIGNEO	Month, Dey, Year)	
	5	30. NAME AND ADDRESS OF PERSON WHO			Print)						
		31. DATE FILED (Month, Dey. Year)  AUG 17 '95	32. REGISTRAR'S SIGNAT	ridson-Ran	dell						



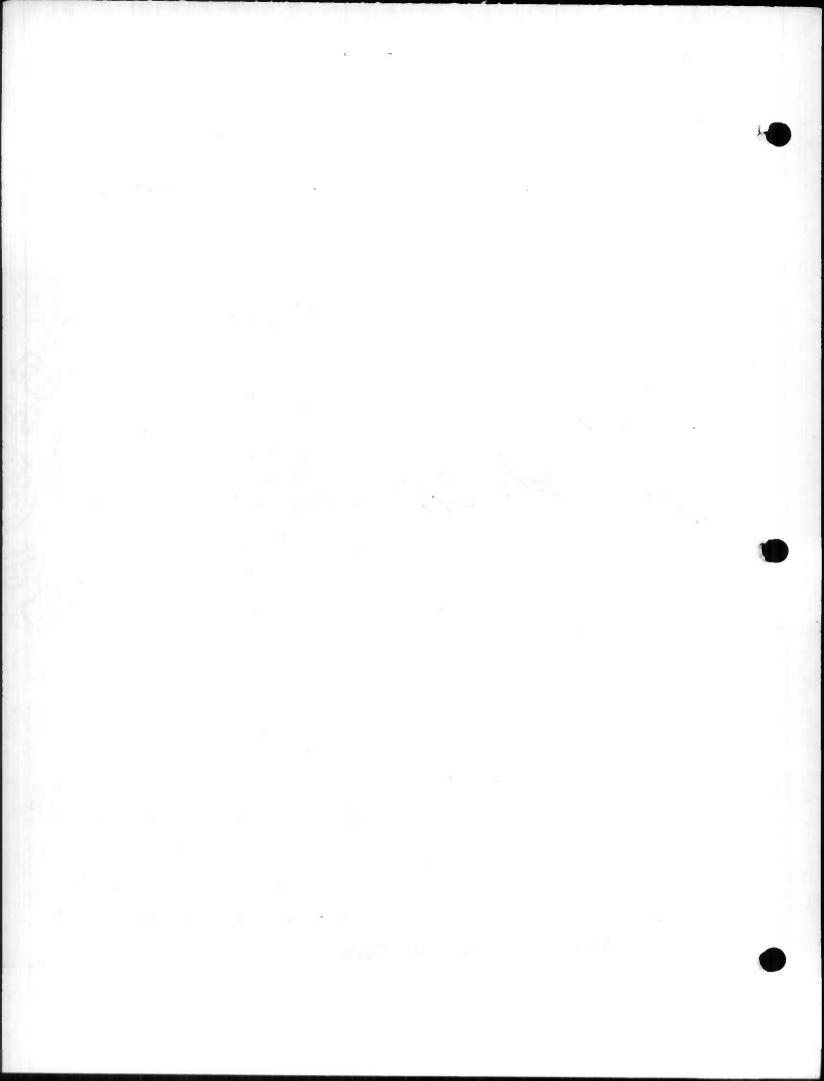
FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CERTIF	FICATE O	F DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	'H DAY	WEAR	3. TIME OF DEATH		
- 0	ROLAND	MELVIN		BRYE	EN	AUG.	14,19	95	10:00 P.M		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)			7. DATE OF BIRTI	1	8. BIRTH	IPLACE (State or Foreign		
	215-20-0634 9a. FACILITY NAME (if not institution, give	1 X M 2 □ F	67 YAS.	MONTHS DAY	N OR LOCATION OF D	(Month, Day, Ye.	1928	Ma:	ryland		
DIRECTOR	22475 CROUCH				HALL	EATH		NT (			
딦	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	Y	19c. Cl	TY, TOWN OR LO	CATION				10d. INSIDE CITY		
<u>=</u>	Maryland Ke	ent		Rock Hal					LIMITS?		
	100. STREET AND NUMBER	.110	1	LOCK Hal	101, ZIP COOE		10a, CI7	IZEN OF	WHAT COUNTRY?		
FUNERAL	22475 Crouch Lane				21661			V	States		
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12, WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	ES 2V NO	If yes,	DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—s, specify Cuben, Mexican, Puerto Rican, atc.)  YES 2 X NO Specify:  White						
8	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'	S USUAL OCCUPA f work done during	TION	166. KIND OF BUSINESS/INDUSTRY					
Fi	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Me. Do NOT	use retired.)	most or working	100					
를	8		Boat Bu	ilder		Bo	ating				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, M	elden Surname)	740			
BE (	John H. Bryden				Ethel	Sarah Ta	ylor				
10	194, INFORMANT'S NAME (Type/Print)				et and Number or Rural						
F	Evelyn Reynolds		22465	Crouch	's Lane,	Rock Hal	1, Mar	ylan	d 21661		
	20a. METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Rem	novel from State	20b. PLACE AND DATE	E OF DISPOSITION	(Name of	OATE 20	c. LOCATION -	City or Tr	own, State		
	4 Donetion 5 Other (Specify)	, 7	Capitor C		y - August		Dover, I	elawa	re		
	21. SIGNATURE OF FUNERAL SERVICE L	to had	11		ows Funer		DΛ		(68)		
	▶ William L. K	ling Jr.	70		and Route 2		,	rland	21661		
LION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury that initiated events Due to (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 0F										
Z	DID TOBACCO USE CON	RIBUTE TO CAUS				иПІ					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DE	OTHER:							
PHYSICIAN:	1 YES 2 NO	1 Dinpatient 2 DER		4 Nursing I							
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	Month, Day, Y	NJURY	INJURY AT WORK? YES 2 NO	Subject	t sho	+ S	self.			
- 1	a Circulate	2 Accident  2 Suicide  8 Could not be building ste. (Specify)									
COMPLETED	CONSTRUCTION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	SICIAN: To the best of my	7						(a) end menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFI	m ff	Z		O.C.M				15, 1995		
OT ,	30. NAME AND ADDRESS OF PERSON W	Powler	111 1						and 21201		
0	31. DATE FILED (Month, Day, Year) AUG 17	'95 agriculture of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	ulia Savidson	-Rando 00							

Julia Davidson-Rando 10

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BALTIMORE, MARYLAND 21215-0020	nin 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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3OX 68760	executed w
Ö	ate be en

DIVISION OF VITAL RECORDS, P.O.

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JOHN WEIGEL

1995

SEP - 5

detached 90 page 5 should funeral director, completely filled in by the cremation, or and com attending physician a ental Hygiene prior to 2 signed by the atte L of h has be Dept. DR ATTENDING PHYSICIAN:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Irving 3,1995 0145 IOHN BOWEN SEPTEMBER a 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign 7. DATE OF BIRTH November 21 216 18 5575 1 X M 2 | F 78 DAYS HOURS Maryland 1916 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give etreet end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK, MD. CALVERT 10b. COUNTY 10e. STATE the CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Calvert Port Republic 1 YES 2 XNO permit. 104. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 2976 St. Leonard Road use as the burial-transit 20676 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian Black, White, etc. 1 Never Merried 2 Nerried BY Specify: white 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) 10 condary (0-12) College (1-4 or 5+) mechanic automoble 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maidee Sumame) Irving Bowen to Frances Hutchins BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flurel Route Number, City or Town, State, Zip Code) 2 2976 St. Leonard Rd. Port Republic Maryland M. Lucille Bowen Pe 20e. METHOD OF DISPOSITION
1- Buriel 2 □ Cremetion 3 □ Re 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Buriel 2 Cremetion 3 ... 4 Donation 8 Other (Specify) Memorial Cemeter Waters Leonard Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral HOme 4405 Broomes Is. Rd. Port Republic Maryland 20676 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cardiac or respiratory arrest, ahock, or heert failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition . C PREBROVACCULAR ACCIDENT HOURS event, resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) DER IPHTRAL traumatic DUE TO (OR AS A CONSEQUENCE OF): VEARS CERTIFICATION Sequentielly list conditions, If sny, leading to immediate cause. Enter UNDERLYING Y MES ABETE MELLINS AND
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disesse or Injury other that initiated events resulting in desth) LAST 6 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? ONEZMUNIA any 1 YES 2 AND shows a 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate It the State HOSBITAL: OTHER: 1 - YES 2 - NO 1 Dipatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED this c marked. 5 Pending 1 Netural 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 B DIRECTOR: / 8 Could not be 4 Homicide 28 COMPLET Item 29e. CERTIFIER t 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. HOSPITAL FUNERAL C = TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner ee stated. 290. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year, and

COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Jali Savden Radall

32. REDISTRAR'S SIGNATURE

PRINCE FREDERICK, MD

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1 - FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE OF CEAT	H DAY	YEAR	3. TIME OF OEATH		
- 1	GERMAN		LEY A							AUGUST		-	0834 A M		
	4. SOCIAL SECURITY NUME	3ER	5. SEX	6. AGE (in yn	s. last birthday)	IF UNDE	R t YEAR	HOURS 24	HRS.	7. DATE OF BIRTH (Month, Day, Yea		8. BIRTH Countr	HPLACE (State or Foreign ry)		
۱ ۱	215-58-588	39	1 X M 2 🗆 F	40	YRS.					Dec. 21-	1954	Ma	ryland		
	9a. FACILITY NAME (If not in	stitution, give sti	reet and number)			9b. CIT	Y, TOWN	OR LOCATION	OF DE	ATH	9c. COI	JNTY OF D	EATH		
e B	PENINSULA	REGIO	DNAL HO	SPITA	L	SA	LISI	BURY			WI	COM	ICO		
СТО	RESIDENCE OF DEC	10b. COUNTY				TY, TOWN	OBLOCAT	HON					10d. INSIDE CITY		
DIRE		Wicon											LIMITS?		
AL C	Maryland 100. STREET AND NUMBER		iico			Sal	isb	. ZIP CODE			10a, CF	TIZEN OF V	WHAT COUNTRY?		
R.	1029 North	h Cahr	makor	Drive				2180	1			J.S.			
FUNER	t1. MARITAL STATUS	ı sene	t2. WAS OECEOEN FORCES? 1			13.	. WAS DEC	ENDENT OF	HISPAN	IIC ORIGIN? (Specif	Yes or No-	14. BACI	E — American Indian.		
	1 Never Married 2		FORCES? 1					ecity Cuban, 2 NO		n, Puerto Rican, etc.	)	Speci	k, White, atc.		
BY	3 Widowed 4 Divo	orced											Black		
		EDENT'S EDUC		16:	(Give kind of	work done	durina ma	ON ast of working		16b. KIND OF	BUSINESS/IN	DUSTRY			
	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	life. Do NOT						20.00				
COMPL						clay	er				lone				
8	17. FATHER'S NAME (First, Middle, Last)									ME (First, Middle, Ma	,				
B	James B		Z		1					se Lea			1.2		
6	19a. INFORMANT'S NAME (	,								Route Number, City or			W3 01001		
	James Bar								nak				,Md.21801		
	20a. METHOD OF DISPOSIT	on 3 🗆 Ramo	oval from State		ACE AND DATI y, crematory or Ben Ac			ama of		9/			Town, State		
	4 □ Donation 5 □ Other (Specify) □ Gree  21. SIGNATURE OF FUNERAL SERVICE LICENSEE					-		NO ADDRESS	OF SM		alisb	ury,	Ma.		
1	Stewart Funeral Home														
Bladys B. Stewart 821 West Rd. Salisbury, Md. 21										21801					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear fellure. List only one cause on each line.														
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
MEDICAL CER	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  Premove:  Chesia Caracteria  Part II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24s. WAS AN AUTOPSV PERFORMED?  1 YES 2 \( \text{NO}\) NO  1 YES 2 \( \text{NO}\) NO									S. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
äΙ	DID TOBACCO U	JSE CONTI	RIBUTE TO CA	USE OF I	DEATH Y	'ES 🗆	NO [	UNCE	RTAI	ИП			^		
CIA	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:	26.	PLACE OF DE	OTHE									
IYSICI	1 X YES 2 NO		1 Inpatient X			4 □ Nt	ursing Hor		denca	6 Other (Specify					
표	27. MANNER OF DEATH		28e. DATE Of (Month, I			ME OF NJURY	W	JURY AT ORK? YES 2 [	NO	28d. DESCHIBE H	RIBE HOW INJURY OCCURED				
TED BY	2 Accident 3 Suicide 8 4 Homicide	Investigation  8 Could not be determined									LOCATION (Street and Number or Rural Route Number, City or Town, State)				
APLE	COMBER OTHY		CIAN: To the best of										s) end menner ea stated.		
ပ္ပ	296. BIGHATURE AND TITL	E OF CERTIFIES	-					29c. LICEN	ISE NUI	MAFR	29d D	ATE SIGNE	O (Month, Day, Year)		
TO BE COM	36. NAME AND ADDRESS O	love	U. K	ISE OF/DEATH	(ITEM 27) (Tr.	oe, Print)		0.0					EMBER 1,1		
	THEODO	RE	M. Kin	11	1 Per		tre	et, E	Bal	timore,	Mary	/lan	d 21201		
	31. DATE FILED MONTH DOWN	5 1995	Julia a	LUCCLEGY /	Rardall										
		3 .000	U.	_									DHMH 16 Bay		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

× 4

# BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

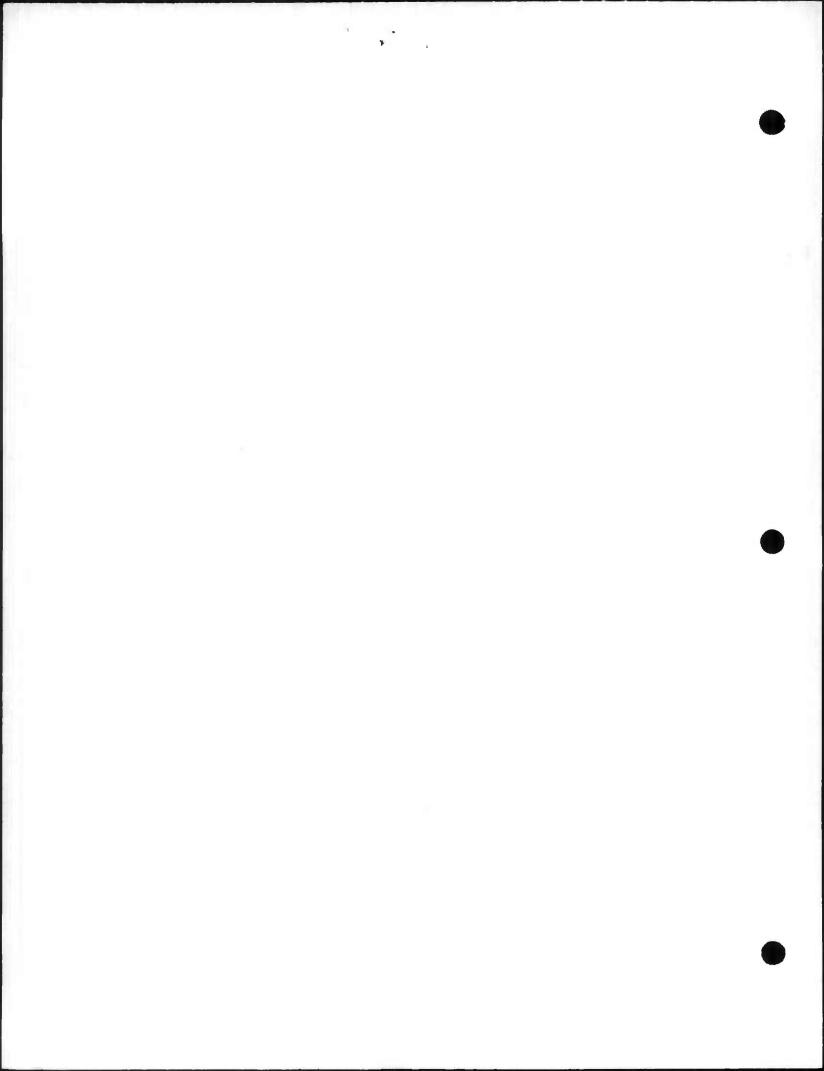
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1581

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

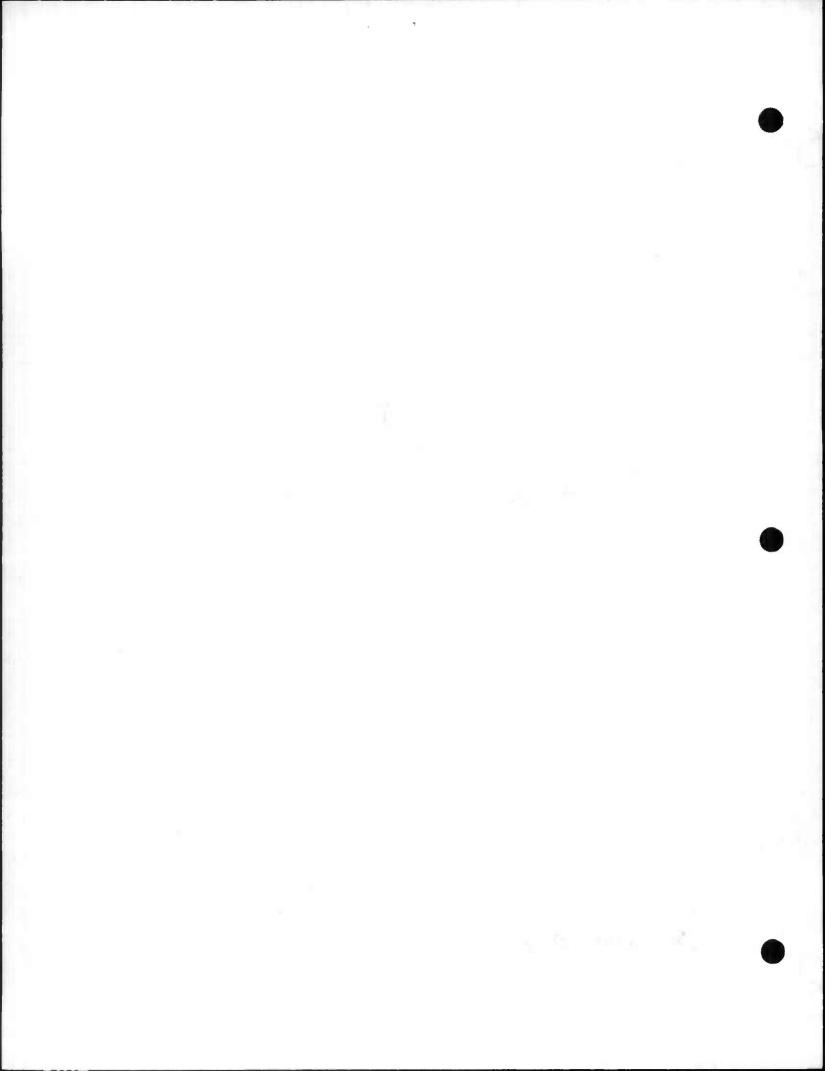
	REGISTRAR		CEF	RTIFICA	ATE O	F DEATH	RI	EG. NO.			
	DECEDENT'S NAME (First, Middle, Linst)     JOSEPH	CLIFFORD	COONE	ΞΥ, J	JR.		2. DATE OF D MONTH Septem	DAY		YEAR L995	3. TIME OF DEATN 12:25 A M
	195-26-0141	1 🔀 M 2 🗍 F (	AGE (In yrs. lest bi	YRS. MON	THE DAYS		7. DATE OF B (Month, Day May 4	IRTN (Year)		8. BIRTHI Country	PLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give streem 607 Lee Way RESIDENCE OF DECEMENT	et and number)		96.	CITY, TOW	or location of D Bel			NTY OF DE		
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Harford	1	Oc. CITY, TO	WN OR LOC		l Air				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e, STREET AND NUMBER	607 Lee V	Way								HAT COUNTRY?
ΒX	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 K IF YES, GIVE WAR KOZ	YES 2 NO	D	If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 N NO Specify:  Snacib:						
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5 +)	(Give i	DENT'S USU/ kind of work of NOT use reti	done during a	TION most of working	16b, KINE	OF BUSI	NESS/INO	USTRY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	5+	Ar	t Sup	ervis	IS. MOTHER'S NA			_	catio	on
BE C	Joseph Cliffo	ord Cooney				Caro	line Ve	roni	ca D		
2	Caroline E. Coon	ey				and Number or Rural 7, Bel Ail				Code) 014	
	20e. METNOD OF DISPOSITION  1 M Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	206. PLACE AND cemetery, cremete Al.	DATE OF DIS	sposition(	Name of Gardens	9/8/95	20c. LOC	ATION —	City or Tow	on, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Danca &	1		MCCON	and address of fa las Funera	al Home				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only give cause on each line.    Approximate interval Between   Approximate interval Between										
									Onset and Death 2 Years		
NO	Sequentially list conditions, b. EXIBNSIVE INIETHSIASIS										
CERTIFICATION	CAUSE (Disease or injury										
CERTI	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST  d.										
EDICAL (	PART II. Other aignificent conditions	CONTRIBUTING to dea	th but not resu	iting in the	e underiyi	ng ceuse given in	- 1	WAS AN A	ED?	1.0	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Σ								YES 25	₹ NO	1	OF DEATH?
PHYSICIAN:	DID TOBACCO USE CONTRII 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		E OF DEATH 26. PLACE O				10				
IYSIC	a manage a self and	OSPITAL:		DOA 4 🗆		me 5 Residence	6 Other (Spe	cify)			
BY PH	1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJI (Month, Day, Y		b. TIME OF INJURY	W	HURY AT PORK? YES 2 NO	28d. DESCRIBI	E NOW IN.	JURY OCC	URED	
8	3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, atc.	(Specify)		-0	ABLE	281. LOCATION City or Tow	(Street and n, State)	d Number	or Runal Ro	ute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my ! On the basis of exami	knowledge, death	occurred at t	the time, dar	te and place, and due death occured at the	to the cause(s) time, data and p	end mann	er as state	ed. cause(a)	and menner as stated.
H	29b, SIGNATURE AND TITLE OF CERTIFIER	2	7.0.			29c. LICENSE NUM D 3185				SIGNEO (	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE O	F DEATH (ITEM 27	(Type, Print)	-570			04		,	,
31. DATE FREE HOTE DOV. MIG95 JULIA DELINE SIGN ROLL											



DHMH-16 Rev 1/89

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH William Franklin Cole September 1995 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6/4/52 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 217-56-1980 Maryland permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give etreet and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Brunswick 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 207 East "F" Street funeral director, page 5 should be detached for use as the burial-transit 21716 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rica 1 Never Merried 2 Merried
3 Wildowed 4 Divorced BY Specify White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5 +) 10 Track Foreman Railroad 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) T Gilbert Lee Cole Louise Virginia Price BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING DDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 207 Rast "F" Street - Brunswick, MD 21716 Peggy Ann Cole death. Page 6 may be pe 20s, METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Brownsville Heights Cemetery 9/6 Brownsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Eackles-Spencer Funeral Home احا Harpers Ferry, WV 25425 n and completely filled in by the to burial, cremation, or removal, hours after medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death the state disease or condition MUSSIUE 64event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF executed traumatic CERTIFICATION n-ost ate ( are 1 mom ) Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): requires that the death certificate be signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 injury, PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY shows any 1 TES 2 NO DF DEATH? 1 YES 2 NO been : PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$ , UNCERTAIN  $\square$ has be Dept. DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL OTHER: 1 YES 2 NO patient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED this c marked. 1 Natural 5 Pending 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) .00 COMPLETED 6 Could not be DIRECTOR: 4 Homicide 28 item 29a. CERTIFIER
//Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, data end place, end due to the cause(e) end manner as stated. TO THE FUNERAL ID THE FUNERAL ID BE filed within 72 h (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Zalo us 114626 3 95 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Gregory Rausch. - 105 West 7th Street - Frederick, MD 21701 D. 32. REGISTRAR'S SIGNATURE SEP



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

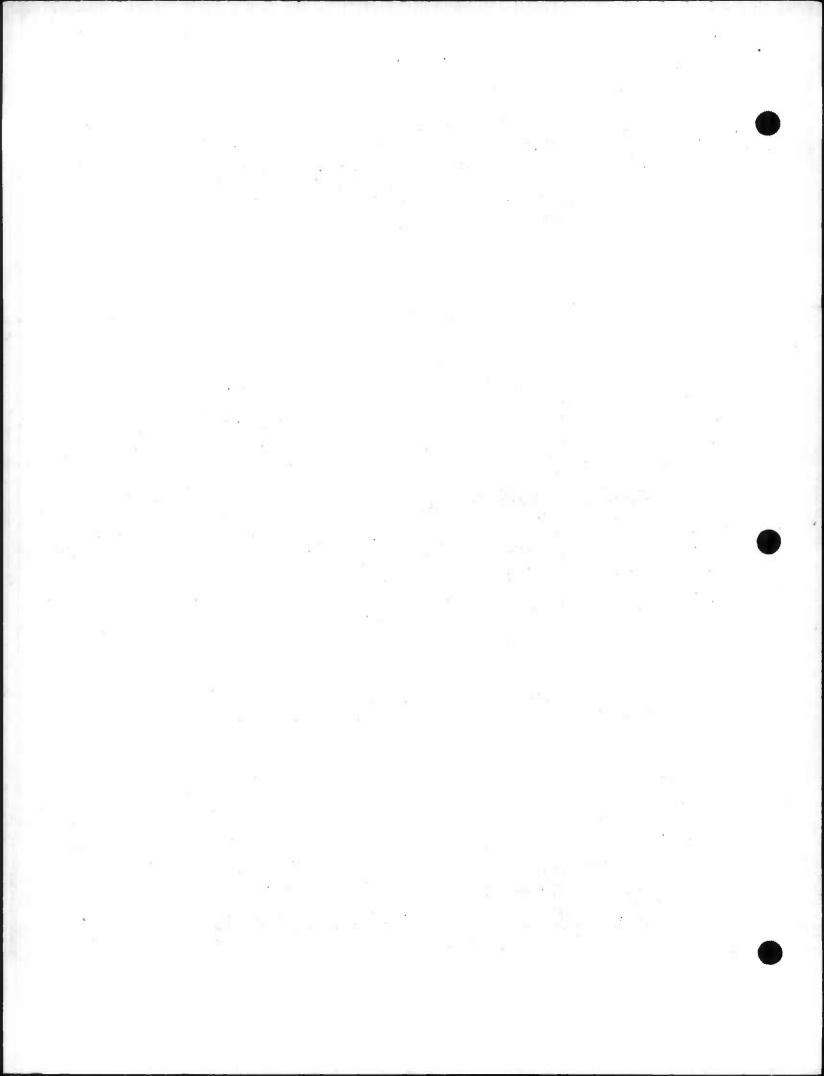
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyginer prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Inture, or other transmatic event, the medical examiner must be metitled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

		1. DECEDENT'S NAME (First	t, Middle, Lest)				-	IOAII		OL.		2. DATE OF DEATH			3. TIME OF DEATN
	1		Octavi	а	C	HERR	TCK	Ç					Ž 1	995	
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In								.o 1		10:30 P M
				1 M 2 K				IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIFTH (Month, Day, Year)		Count	
		216-14-9812A				82	YRS.		2/9/1913 Virgin					ginia	
	. 1	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)				9b. CITY, TOWN OR LOCATION OF CEATN 9c. COUNTY OF CE					DEATH		
	5	Berlin Nursi	na & R	ehabilit	ation	Ctr	r. Berlin Worces					ceste	er		
DIBECTOR	5	RESIDENCE OF DEC	CEDENT				10c, CITY, TOWN OR LOCATION								
		10a. STATE	10b. COUNTY							TION					10d. INSIDE CITY LIMITS?
_	- 1	Maryland	Worce	ster			GlI	dlet	ree						1 - YES 2 NO
		10e. STREET AND NUMBER							101. ZIP CODE 10g. CITIZEN OF WH					WHAT COUNTRY?	
8		5234 Dukes	Road			21829						USA			
FINEDAL	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	U.S.ARME						es or No 14. RACE — American Indian, Black, White, etc.			
		1 Never Married 2 📉		FORCES? 1			NO It yes, specify Cuben, Mexican, Puerto Rican, etc.) B					Spec			
	3   Widowed 4   Divorced											Space	White		
l E	3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY													
[		Elementary/Secondary (I	life. Do	NOT us	se retired.)	auring mo	ST OF WORK	ng							
. 0	Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker														
		17. FATNER'S NAME (First, Middle, Lest)  Stacy Holland  18. MOTNER'S NAME (First, Middle, Meiden Surname)  Lula Jones													
a a		Stacy noticing European State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State													
E P	2	Robert Cher				PO	Box	224	. Si	now I	Hill.	Md. 218		p Code)	
8		20e. METHOD OF DISPOSIT			Toward .				•						
5	7.04	⊉ Burlel 2 ☐ Crematic	on 3 🗌 Rem	oval from State		PLACE AND					_	8/26 POC	CATION —		
	ĺ	4 Donation 5 Other  21. SIGNATURE OF FUNERA			LIL	SUE	oapı						OHOKE	s CI	Ly, Ma.
	ļ	21. SIGNATURE OF FUNERA	IL SERVICE LIC	ENSEE											
CAG	:	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. SIGNATURE OF FUNERAL SERVICE LICENSEE  24. POCOMOKE City, Md. 21851													
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,  Approximate													
	- 1	shock, or heart failure. List only one cause on each line.													
	ı	immediate Cause (Final disease or condition resulting in death)  a. Dypostatic Greenman (Ray)													
	H	resulting in death)	<b>→</b>	Cry /s	(OR AS A C	m	- 4	_							1 day
				200	(OH AS A C	- TONSEUUE	/	1	0-	4	0,	4 E Rt.	/	.0	
		Sequentially list condit		b. Cole TO	10PASA C	MACA	A C	Line	care	er,	CV	ACKIA	my	Mig.	u 5 whe
F		if any, leading to imme cause. Enter UNDERLY		aller	00000	is a V	ENCE O	1	- 6	4 40 5		cular I	, ,		- 1-1
		CAUSE (Disease or Inju		C. CO COLO	OR AS A C	CONCEDUR	ENCE O		eo	rev	arc	ucar s	exed	AR.	2 des.
		that initiated events resulting in death) LAS	T.	506 10	(OR AS A C	ONSEGUE	ENCE U	r):							i 1
CERTIFICATION		resulting in death) LAST													
9 1	- 11	PART II. Other algnifics	ent condition	a contributing to	death but	t not resi	ulting	In the ur	ndariyin	g cause	given in i	Part I, 24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
DICAL		arteriose	lerote	e Card	www	100	Pa		Z.	00-		PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
		1000		Clation:								1 YES :	NO E		OF DEATN?
2							R.C.		-	,		-			1 TES 2 NO
ż				al Inf	arcle	m:	Con	egu	line	Hea	et Fo	elec			
		25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		ACE OF D	EATN (Che	sck only one)			
Į v		1 TYES 2 X NO		1 Inpatient 2	ER/Outpati	tlent 3 🗆	DOA	OTHE!		6 5 🗆 R	esidence	8 Other (Specify)			
PHYSICIAN.		27. MANNER OF DEATN		28e. OATE OF (Month, D	INJURY	2	28b. TIM	E OF URY		URY AT	T	28d. DESCRIBE NOW	NJURY OC	CUREO	
2			Pending Investigation		,,			М		YES 2	□ NO				
		2 Deviates -	Could not be	26e. PLACE C	F INJURY	- At home.	, ferm,	street, fac	tory, offic	•		281. LOCATION (Street	and Numbe	r or Rural I	Route Number,
FTED			determined	bolloning,	arc. (Specify	7)						City or Town, State,			
1		29a. CERTIFIER 1 TV CERT	TIEVING DUVE	CIAN: To the heat of	may be more of	den de-et			4		Charle		)		
COMPL		,										to the cause(s) and ma			s) and menner as stated.
8		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	gene,				- augmit	, in my c	AMMON' C	wenn occu	ean in the	ime, oats and place, at	nd que 10 t	ne ceuse(s	e) and menner as stated.
E L	. 1	296. SIGNATURE AND TITLE	CERTUFIEF		2					29c. LIC	ENSE NUM	IBER	29d. DA1	TE SIGNED	(Month, Day, Year)
TO B		VMA SI	ett	oxole	w					D	2950	5	19	/24	+195
F		36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
1		GREGORIO BELLOSO 4421 BEECHWOOD PLACE CRISFIELD MD 21817													
16		31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNAT	TURE									
		AUG 3	1 1995	Julia .	Sinden	n-Ram	المعمار	-							
_				1.7											



be detached for use as the burial-transit

ctor, page 5 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire he filed within 72 hours after death with the State Dent of Health and Alertal Hunjane noise to burial cremation, or common	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner is
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	12	ily fi	=
3	With	plet	rent
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	tificat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi he filed within 72 hours after clearly with the State Dent, of Health and Mental Moritone notes to hursal, remarking or senemal	ther
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Peggy Cauffman Adams 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 1 M 2 X F DAYS HOURS 220-16-7268 69 MARCH 31 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 2009-D Wedgewood Place Waldorf RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND CHARLES WALDORF FUNERAL 10a. STREET AND NUMBER 2009-D WEDGEWOOD PLACE 20602 11. MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Taken kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) EVERETT TRACEY notified at BE 19a, INFORMANT'S NAME (Type/Print) 9 JOANNE JEWELL must be METHOD OF DISPOSITION

Burlel 2 Cremation 3 Rer 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 4 Donation 5 Other (Specify) TRIDITY MEMORIAL GARDENS 9/7 21. SIGNATURE OF FUMERIAL BERVICE LICENSEE examiner BENJAMIN M. MATTHEWS M-00658 P.O. medical ahock, or heert failure. List only one cause on each line. ö IMMEDIATE CAUSE (Finel the cremation, diseese or condition DUE TO (OR AS A SONSEQUENCE OF resulting in death) traumatic event, prior to burial. HRO Schemic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Injury, or other of Health and Mental Hygiene QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 065 um opar shows any PISCAST DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES A NO UNCERTAIN Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem EXAMINER? State HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) ŏ the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 26b, TIME OF INJURY 28c. INJURY AT with 1 Natural 2 Accident death . BY 1 YES 2 NO 99 COMPLETED

32. REGISTRAPIS SIGNATURE
JULIA DAUGLEAN RONSOLL

6 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 3. TIME OF DEATH September 4,1995 7:10 a 8. BIRTHPLACE (State or Foreign VIRGINIA 1926 Charles 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify WHITE 16b, KIND OF BUSINESS/INDUSTRY OWN HOME 18. MOTHER'S NAME (First, Middle, Maiden Surname, RUTH E. ADAMS 19b. MAILING ADDRESS (Street end Number or Flural Floute Number, City or Town, State, Zip Code) 3831 STONEYBROOK RD. WHITE PLAINS, MARYLAND 20695 20c. LOCATION - City or Town, State WALDORF, MARYLAND THE HUNTT FUNERAL HOME, INC. BOX 156 WALDORF, MARYLAND 20604 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Betw **Onset and Death** 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 T NO OF DEATH? 1 YES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. (Check only one) 2 MEDICAL EXAMINER the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 91 9 D-33426 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) B. Larry Jenkins, MD 111 La Grange Avenue P.O. Box 1724 La Plata, MD 20646

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	IEALTH AND DEATH	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					MONT	E OF DEATH	AY	YEAR	3. TIME OF DEATH	
	Shirley	May 5. SEX 6. AGE (II		Cutler		_	30,199	95		7:55 P M	
	214-36-3929	1 M 2 F	n yrs. lest birthday) 56 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	(Mon	th, Day Year)		Countr	IPLACE (State or Foreign y)	
	9a. FACILITY NAME (If not institution, give	41	30	9b. CITY, TOWN (	OR LOCATION OF D		. 28,	1938 Sc. COUNT			
ECTOR	16010 Baden Nayl	or Road		B:	randywin	e				George's	
DIRE	Maryland Pri		ce George's Braz							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 16010 Baden Nayl			101	2061	3				WHAT COUNTRY?	
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.Ş. ABMED	13. WAS DEC		NIC ORIGIN? (Specify Yes or No.— 14,1				- American Indian,	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2XXNO TES	If yes, sp	ecify Cuban, Mexico 2X NO Speci	in, Puerto Rican, etc.)			Speci	t, White, etc.	
TED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	(Give kind of I	USUAL OCCUPATION OF MORE done during mo		18b. KIND OF BUSINESS/INDUSTRY			TRY		
COMPLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Secret			Prince George's County S					
8	17. FATHER'S NAME (First, Middle, Last) Ambrose Burch				18. MOTHER'S NA						
BE	19e. INFORMANT'S NAME (Type/Print)		405 44411 1110	1007700 (0)	Lucy	Geor	ert				
TO B	Vern D. Cutler		16010	ADDRESS (Street a	avlor Ro	noute Num	Brandy	n, State, Zip C. wine,	zip Code) e. Md 20613		
	28erMETHOD OF DISPOSITION 142-Burlal 2 Cremation 3 Ran	20b.	16010 Baden Naylor Road, Brandywine, Md 20613  20b. PLACE AND DATE OF DISPOSITION (Name of 9-4-95) DATE 20c. LOCATION — City of Town, State								
	4 Donation 5 Other (Specify)		nanuel Methodist Cemetery Baden , Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY EVEN FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY EVEN FUNERAL SERVICE LICENSES  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, App.										
AL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF	F):	pse					Onset and Death	
MEDICAL	PART II. Other algnificent condition POST CYSTIC ELON  DIACY SIS  DID TOBACCO USE CONT	142-			PERFORMED?			24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2		TH (Check only one)	ONCERIAI		L				
PHYSICI	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpa	tient 3 DOA	OTHER: 4 Nursing Hom	5 Apasidence	6 🗆 Othe	er (Specify)				
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY WO	URY AT RK?	28d. DE	SCRIBE HOW IF	NJURY OCCU	RED		
B	2 Accident Investigation	250 PLACE OF IN HERV	At here for a		ES 2 NO						
ETED	3 Suicide 6 Could not be 4 Homicide detarmined  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									loute Number,	
Ā										) and manner as stated.	
Ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c, LICENSE NUI	MBER		29d. DATE 8	IGNED	(Month, Day, Year)	
O BE COM	Joseph Pla	hum M)			0-180	113		· 8	13/	195	
	30. NAME AND ADDRESS OF PERSON WITH	CARUS	mo	7700	OUD BA	ouch	are,	Clin	4~	י נכרה כנון	
	31. DATE FILED (MORIT), Day, 160 199	5 July alway	TURE Randall								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. This is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  **Yet or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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95 28167 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	MEGIOTIAN			CENTIF	ICATE	UF	DEAL	П	R	EG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)			Cres	twel	1			2. DATE OF I	DEATH DA	NY /	1485 3. T	ME OF DEATH 5:00 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	Inst hirthday)	IF UNDER	1 VEAD	IF UNDER	24 4600	7. DATE OF E	NOT!		O DISTURN AS		
	577-54-6735	1 🗆 M 2 🔀 F	5 6	YRS.	MONTHS	DAYS	HOURS	MIN.	July 2	y, Year)	39	Country)	gton, D.C.	
	9a. FACILITY NAME (If not institution, give	street end number)	,		9b. CITY,	TOWN C	OR LOCATIO				9c. COU	INTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	MARYL	ANDA	OSPINA	OSPING ChINTON						Pr	PRINCE GEORGE		
m	10a. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY				
E I		rince Geo	rge's			-	Linto						LIMITS? YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			101, ZIP CODE								TIZEN OF WHAT COUNTRY?		
	6808 Eile	erson St.						2073	5			United	States	
5	11. MARITAL STATUS	12. WAS DECEDENT			13. W	AS DEC	S DECENDENT OF HISPANIC OR			ORIGIN? (Specify Yes or No-			merican Indian.	
-	1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W		X) NO	1 34	yes, sp	2 NO	1, Mexicen,	Puerto Ricar	t, etc.)		Black, Whit Specify:	te, etc.	
В	3 Widowed 4 Divorced				☐ IE3	2 UN NO	эрвску.				Speary:	Black		
COMPLETED	15. DECEDENT'S EDU	16a.	DECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIN	O OF BUS	INESS/INE				
Ē.	(Specify only highest grade Elementary/Secondary (0-12)			work done di		g most of working					,001111			
7	Elementary/Secondary (0-12)	)	_											
₹	AT PATHERIN MAAR (F) A AVAILABLE IN	5+			[each	er						nment		
3	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	ER'S NAM	E (First, Middle					
BE	Thomas	twell						Ella	ı V.	Saxo	n			
10 E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street e	nd Number o	or Runii Ro	ute Number, C	Ella V. Saxon  Number, City or Town, State, Zip Code)					
F	Chad Corey	Thornton												
	20e, METHOD OF DISPOSITION		20b PLA	CE AND DATE				., 0	Clinton, Md 20735					
	1 Buriel 2 Cremetion 3 Rem	noval Irom State		crematory or o	ther plecel				DATE 20c. LOCATION — City or Town, State					
	21. SIGNATURE Of FUNERAL SERVICE LI	OFMOCE		Lee.	s Cr				C CA CH COL					
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Δ	22. NAME AND ADDRESS OF FACILITY					Ste	ewart	Fur	neral H	ome	
	1 sh T	58 0100	VI	(1	//	001	Rann	ing 1						
	23. PARTIL Enter the diseases or complications that caused the death Do not not the model of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second state of the second st													
	23. PART (I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE GAUSE (Final disease or condition resulting in death)  a. Cerebral hemorrhage / Stroke / BEPS/S													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other aignificent condition	an annishusian ta	da ash has a a									T		
EDICAL	TART II. Other algrinicate condition	ia contributing to t	seath but no	t resulting	in the und	lerlying	cause gl	Iven in Pa	Brt i. 24a.	PERFORI			AUTOPSY FINDINGS ABLE PRIOR TO	
ă									_ 15	YES 2.	NO		PLETION OF CAUSE	
ME													YES 2 NO	
	DID TOBACCO USE CONT	RIBUTE TO CAU	JSE OF DE	EATH YE	SΠN	ОП	UNCE	ERTAIN					_	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEAD										
<u>  일                                  </u>	EXAMINER?	HOSPITAL:	PM 100 100 100 100 100 100 100 100 100 10	A 57 max	OTHER:		OCCUPATION OF THE	escrizamo in		1000				
≚∥	27. MANNER OF DEATH	1 13 Inputient 2							Other (Spe	-				
古	1 Natural 5 Pending	28s. DATE OF 6 (Afanth, Day		26b, TIM INJ	E OF 3	WOI	JRY AT	2	ed. DESCRIB	E HOW IN	JUNY OCC	CURED		
ĕ I	2 Accident Investigation				м		US 2 🗌	NO						
	3 Suicide 6 Could not be	28e, PLACE OF building, e	INJURY - At to: (Specify)	home, farm, s	street, factor	ry, office	0	2			nd Number	or Rurel Route N	lumbec	
<b># [</b>	4   Humickle determined								City or Tox	erc seasoy				
	29a. CENTIFIEN	T144 T1 T1 T1 T1 T1 T1												
₩	(Check only CERTIFYING PHYSI	CIAN: To the best of n	ny knowledge,	death occum	ed at the tire	se, detu	and place, a	and due to	the cause(s)	and meni	ter as state	ed.		
COMPLET	SEDICAL EXAMINES: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
w II	296. SIGNATURE AND TITLE OF DESCRIPTION	. /	11/1				29c. LICEN	VISE NUMBE	EM	T	29d. DATE	E SIGNED (Mong	Day Maria	
ω II	111100011111111111111111111111111111111	Willa. d	4//				Do	20	26		b .	12016		
유	30. Mayir and address of person who completes cause of death (see 27) (hos. Price)													
Ĭ	11 11 1 11 11 11 11 11 11 11 11 11 11 1													
	Sharon L. Marselas, M. D. 9400 PEND AVENUE Suite 100 20272													
	AUG 30 1995	32 REGISTRA	BIDAYATUR	labor										

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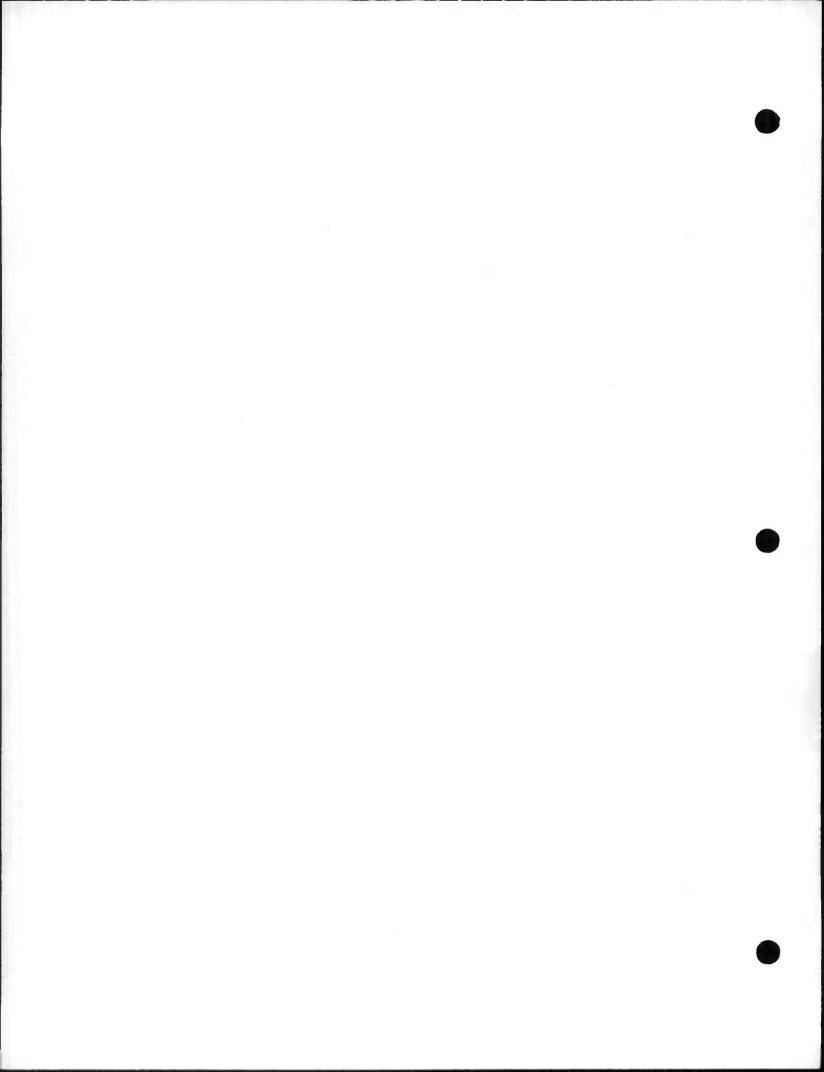
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF OEATH													
		M	lichael	J. (	aputo	)				August 25	95 6:30 P.	м		
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreig Country)	gn	
	578–18–762		1XXM 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	July 3, 1	923	Washington, D	O.C	
_	9a. FACILITY NAME (# not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA						UNTY OF DEATH		
5	5431 Mar1		ike			District Heights Prince						nce George's		
EC	10a. STATE	10b. COUNTY	1		10c. CIT	10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY		
DIRECTOR	Maryland	Princ	e George	's		District Heights						LIMITS?		
	10e. STREET AND NUMBER					10f. ZIP CODE 10g. 0						TIZEN OF WHAT COUNTRY?		
FUNERAL	5431 Mar	1boro	Pike			20747						U.S.A.		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.)						14. RACE — American Indian, Black, White, etc.		
ВУ	1 Never Married 2 3 XWidowed 4 Divo		If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 — YES 2 X NO Specify:						Specify: White					
	MWII									16b. KIND OF BU			-	
COMPLETED		highest grade			Give kind of the Do NOT up	work done			ng	TOU. KIND OF BU	SINE 33/IN	DUSTRY	- 1	
됩	10		conege (1-4 b) 3	"	Sales	man				Pharma	ceut	ical	- 13	
ő	17. FATHER'S NAME (First, M	iddle, Lest)						18. MOT	HER'S NAI	ME (First, Middle, Malde				
BE	Domenico	Caput	0						Mary	Giacent	ini		-6	
2	19a. INFORMANT'S NAME (7	,,								loute Number, City or To				
-	Mary Ellen			1					unsw	ick, Md.				
	20a. METHOD OF DISPOSITI	n 3 Rem	oval from State	20b. PLACE cemetery. c	rematory or o	of DISPOS	SITION (Na	me of		DATE 20c. L	CATION -	- City or Town, State		
	4 Donation 5 Other  21. SIGNATURE OF FUNERA			Leda	r Hil	.1 Ce	m. I	lausc	SS OF FAC	8/29/95	Suit.	land, Maryland		
	- Hoals	in D	0.11	1							Home	9		
	George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.20745													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock or heart failure. List only one cause on each line.  Approximate interval Between													
	resulting in death)	<b>→</b> /	DUETO	LINEW	EQUIENCE O	ren	OPE	ler	one	Cardio	ase	uley		
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CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CONS	EQUENCE O	F):					_			
8	cause. Enter UNDERLYI CAUSE (Disease or inju	NG	A											
	that initiated events	· .	OUE TO	(OR AS A CONS	EOUENCE O	F):								
<b>H</b>	resulting in death) LAST													
	PART ii. Other significe	nt condition	e contributing to	deeth but not	resulting	in the ur	deriyin	) cause :	given in i	Part I. 24a. WAS AI			NGS	
MEDICAL										PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUS	SE	
Ä											Дио	OF DEATH?		
N.	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF DE	ATH YE	S 🔲 I	NO [	UNC	ERTAIN	I				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. PL/	CE OF DEA		-					*		
YSI	1 💢 YES 2 🗆 NO		1 Inpatient 2			4 🗆 Nur	sing Hom	-	sidence	8 Other (Specify)				
	27. MANNER OF OEATH  1 XNstural 5	Pending	26a. DATE OF (Month, D		28b. TIM	E OF		RK?		28d. DEŞCRIBE HOW	INJURY OC	CURED		
B⊀	2 Accident	nvestigation	28a PLACE O	F INJURY — At I		M		ES 2	NO				_	
8		Could not be determined	building,	atc. (Specify)	one, arm,	street, ract	ory, onic			City or Town, State	and Numbe	or or Rural Route Number,		
COMPLETED	29a. CERTIFIER	IFVINO BUILDING												
MP	(Check only one) 2 MEDI	CAL EXAMINE	R: On the best of	my knowledge, o	leath occurr	ed at the t	ime, data	and place	, and due	to the cause(a) and me	nner as sta	ited. he cause(a) and manner as states		
			$\overline{}$	- Interest and on	- mwangano	ni, in my c	pinion, o						d.	
H	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your) August 26, 1995													
2	D 21230  August 20, 1995													
	31. DATE FILED (Month, Day, Year) 32. REGISTRALES SIGNATURES													
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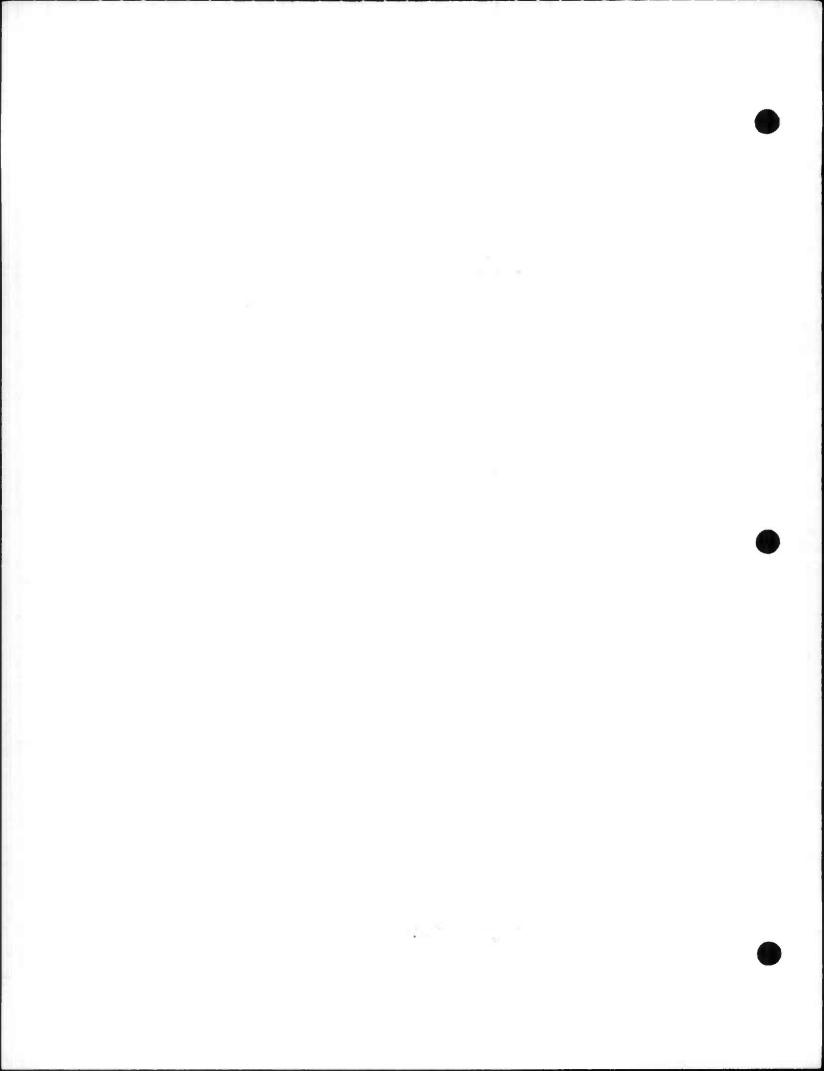


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

permit. burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 the funeral director, page 5 should be detached for use as the signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Sanford Cooper 1995 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 7 / 4 / 1 1 IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign Country) DAYS HOURS 1 🕅 M 2 🗌 F 577-22-5554 84 N. Carolina 9e. FACILITY NAME (if not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Southern Maryland Hospital Clinton Prince George's 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? D.C. N/A Washington 1 X YES 2 ND FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6010 Clay St., NEE. 20019 .S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 AND 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yee, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 ☑ ND Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married B⊀ Specify: 3 Wildowed 4 Divorced Black 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 7th Mechanic Ford Motor Company notified at once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname Eddie Cooper Mary Bell Arrington 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Willie E. Cooper # 10 above Same as 9 20e. METHOD DF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must Buriel 2 Cremetion 3 Removal from State Donation 5 Other (Specify) Harmony Mem Park 8/18/95 Landover Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H.S.Washington& Sons, Inc. 4925 Burroughs Ave., N.E. ratt medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death 曹 diseese or condition_ Massive Intracranial Hemmorhage resulting in death) traumatic event, DUE TO (DR AS A CONSEQUENCE OF): Ruptured Cerebral Aneurysm CERTIFICATION 24 Hrs. Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING Cardio-pulmonary Arrest other t CAUSE (Disesse or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 6 Arteriosclerosis PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any Pre-Gangrene (R) Foot 1 TES 27 NO OF DEATH? 1 TYES 2 NO this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL OTHER: OR ATTENDING PHYSICIAN: 1 YES ZENO 1 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF OEATH 260. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 X Natural 1 YES 2 NO L DIRECTOR: After the hours after death v BY 2 Accident PLACE DF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Nomicide 1 XX CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DID BE filed within 72 hr 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIDNED (Month, Day, Year) **BE** D24208 Aug. 14,1995 2 30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 8926 Woodyard Rd. Ansari M D Abulhasan Clinton, Md. 31, DATE FILED (Month, Day, Year) AUG 28 1995



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DIVISION OF VITAL RECORDS, P.O. BOX 68760	The second contract of
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Pages 1, 2, 3 should permit. retained by the hospital or attending physician. 5 should be detached for use as the burial-transit funeral director, page 5 should be detached hours after death. Page 6 may be completely filled in by the ŏ within 24 cremation, executed to burial, and the attending physician Mental Hygiene prior to 2 Health and t. of h has b this certificate h death DIRECTOR: After after hours TO THE FUNERAL ( be filed within 72 h IMPORTANT: If II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH Con Roma Jean Jugus/ 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. leet birthday), 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreig IF UNDER 24 HRS July 23, 1 M 2 2 492 18 6923 74 YRS. Missouri 1921 9e. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 12619 Kavanaugh Lane Bowie Prince George's RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Maryland Glenn Dale 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5905 Chivalry Court 20769 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rica 1 Never Merried 2 Married 1 TYES 2 100 Specify: BY 3 Widowed 4 Divorced Specify: White 16e. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during life. Do NOT use retired.) College (1-4 or 5+) COMPI 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surneme) Unavailable Elliot Unavailable BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Betsy Coy 12734 Holiday Lane Bowie Maryland 20716 20e. METHOD OF TISPOSITION
t Burtel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Metropolitan Crematory 8/25/95 4 Donation 8 Other (Specify) Alexandria Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert Robert E. Evans Funeral Home, P.A. Ulus 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata ahock, or heart fellure. List only one ceuse on each line Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition erroscherete Carlistas cular disease reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE opo Hucture memorran 1 TYES 2 KIND OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I PHYSICIAN: UNCERTAIN 2 25. WAS CASE RESERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINED! HOSPITAL OTHER: ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5- Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, lactory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 __ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner ee stated. o. LICENSE NUMBER BE 91615 21230 2 TEO CAUSE OF DEATH (ITEM 27) Gine, Print

Davidson Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: if item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICAT	E OF	DEATH	- F	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		WE . T	3. TIME OF DEATH
	IOANNES	JOHN		CH	RIST	OFOR	OU	AUGU	IST 2		995	08:46 P M
	4. SOCIAL SECURITY NUMBER		6. AGE (in yrs.		,	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	_ / _	8. BIRTH	IPLACE (State or Foreign
	219 92 2148	XX M 2 □ F	24	YRS.	MONTHS	DAYS	HOURS MIN.	JAN.	ey, Year)		LONI	ON ENGLAND
~	9a. FACILITY NAME (If not institution, give s						WN OR LOCATION OF DEATH					EATH
DIRECTOR	UNIVERSITY HO						IMORE					
RE	10a. STATE 10b. COUNTY					OR LOCAT						10d. INSIDE CITY LIMITS?
۵		Arundel		1 1	agev	vate		ODE			1  YES 2 NO	
FUNERAL	75 Tarragon Lane						101. ZIP CODE 21037					States
BY FUN	11. MARITAL STATUS  XXX Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 24	24 NO If yes, specity Cube ATES 1 YES 2 NO				iban, Mexican, Puarto Rican, etc.)			14, RACI Blac Spec	E — American Indian, k, White, etc.
	15. DECEDENT'S EDU	CATION	140.	No			DA1		ND OF BUS	11.000000		white
TE	(Specify only highest grade		(Give kind of life. Do NOT u	work done	during mo			M Pro				
P.E.	Elementary/Secondary (0-12)		opert			r	1	ageme	-	- J		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	111	OPELE.	,		18. MOTHER'S NA						
5		istoforou					Mari		Kaco		ní	
BE	19a, INFORMANT'S NAME (Type/Print)	ISCOTOTOG		105 MAII IN	ADDRES	O (Come)	and Number or Rural					
2	Sotirios Christo	aforou						gewate				21037
	20a. METHOD OF DISPOSITION	210100	205 01 11	CEANDDATE				OATE			- City or To	
	1 25 Buriel 2 Cremetion 3 Rem	oval from Stala	cametery	complete or o	ther nlace	1		1				
	4 Donetion 6 Other (Specify) St. Demetrios Cemetery 8/31/95 Annapolis Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Pobut E Evans Funeral Home, P.A.  16000 Annapolis Rd. Bowie Maryland 20715											
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):										Onset and Death	
	PART II Other electificant condition	no nontribution to	do ath hut as		I ab			Deat la				
MEDICAL	PERFORMED? AMILU COMP  1 Yes 2 \( \text{NO} \) NO OF DE									D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 \( \sqrt{1} \) NO		
N.	DID TOBACCO USE CONT	KIBUTE TO CAL				NO D		иП				
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		LACE OF OEA	OTHE	A:						
PHYSICIAN:	1X YES 2 NO	1 Inpatient 2 X		_	4 🗆 Nu	rsing Hon	ne 5 Realdence	_		ni si seni c	0014850	
	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Da		28b. TH	JURY M		JURY AT ORK? YES 2 2 NO	Sus	Test	-	COURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF		home, ferm,	atreel, fa	ctory, offic	DB .	281. LOCATI	ON (Street I	and Numbi	- 0	Route Number,
ETED	4 Homicide detarmined	building, a	etc. (Specify)	reet				1610	Town, State)	_	alls	Bultimore
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											a) and manner as stated.	
BE	296. SIGNATURE AND TYTLE OF CENTIFIER  296. LICENSE NUMBER  O.C.M.E.  29d. DATE SIGNED (Morath, Day, Year)  AUGUST 28 1995											
70	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)    Dwid   Fowler 111 Penn Street, Baltimore, Maryland 21201											
	SEP 01 199	5 32. BEGISTIVA	S SIGNATUR	Randall								



DHMH-16 Rev 1/89

a. a

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	1. DECEDENT'S NAME (First, Middle, Last)						DEATH	2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH						
	SOCIAL SECURITY NUMBER	COX 5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	lav. Year)		8. BIRTHP Ceyntry)	8-06 P LACE (State or Foreign						
		1 🗆 M 2 💢 F	41	YRS.				July	25,	1954	Mar	yland						
<u>~</u>	John Hopkins Hosp				Bal		OR LOCATION OF D											
CTOR	RESIDENCE OF DECEDENT	etian			Dar	CLM	ore			Dal	Baltimore							
DIRE	100. STATE 10b. COUNT				Y, TOWN OR				IOd. INSIDE CITY									
	Virginia Acco	mack		(h	incot	-			YES 2 NO									
PA	100. STREET AND NUMBER 5324 Deep Hole R	200				0.50	ZIP CODE	10g. CITIZEN OF W				IAT COUNTRY?						
FUNERAL	11. MARITAL STATUS	ARMED	19. 14		23336	U. S. A												
₽	1 Never Married 2 Merried 3 Wildowed 4 Divorced	NO	13. WAS DECEMBENT OF HISPANIC ORIGIN? (Spelf yes, specify Cuben, Mexican, Puerto Rican, (1 YES 2 M NO Specify:  1 YES 2 M NO Specify:					pecify Yes or No—  14. RACE — American Ind Sinck, White, stc.  Specify: White										
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	DECEDENT'S	USUAL OCC	UPATIC	ON	16b. KIND OF BUSINESS/INDUSTRY												
	Elementary/Secondary (0-12)	mi. Do NOT us	se retired.)		st or working													
	17. FATHER'S NAME (First, Middle, Lest)	Deau	itician Self															
	William E. Jo		18. MOTHER'S NAME (First, Middle, Melden Surname)															
TO BE	19m-INFORMANT'S NAME (Tone Print)	103	19b_MAILING	Patricia Derrickson														
	Timothy F. Cox		5)24 Deep Hole Noac				e Road (	d Chinco teague, Virginia 23				ia 23336						
	28s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oning	me of ery	DATE	29t. LO	CATION - C	Cevu	le, Ving										
	Salver Funeral Home																	
	23. PART I. Enter the diseases, or complications that caused the death, Daniel anter the mode of duling such as cardiac or manifestory expert																	
	interval Be											interval Between						
	IMMEDIATE CAUSE (Final disease or condition resulting in death)										Onset and Dea							
	resulting in desth)  s									areday								
Z	disease or condition resulting in death)  s. Ischemic Bowel Disease  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									più das								
ATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										The Contract of							
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated sweet or injury  DUE TO (OR AS A CONSEQUENCE OF):																	
유	that initiated events		On NO A CONS	LOUERUE OF	7.													
RTIFIC	resulting in death) LAST																	
CERTIFIC					cause alves in	DEDECORATED?			A	ERE AUTOPSY FINDINGS								
AL CERTIFIC	PART II. Other significant condition									Alexantic corresser acute read fuller a dust recording								
SICAL CERTIFIC	PART II. Other significant condition	u acute	renul f	vilves	a du	it i	Tenostol.		PERFOR			OMPLETION OF CAUSE OF DEATH?						
MEDICAL CERTIFIC	PART II. Other significant condition	u acute	renul f	vilves	a du	it i	Tenostol.		PERFOR		0	OMPLETION OF CAUSE						
MEDICAL CERTIFIC	PART II. Other significant condition	u acute	USE OF DE	ATH YE	, adu	<i>1</i> ₹	Tenostol.		PERFOR		0	OMPLETION OF CAUSE F DEATH?						
SICIAN: MEDICAL CERTIFIC	PART II. Other significant condition  ALCUARTO COLLABOR  DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DE	ATH YE	S NO	O D	UNCERTAIL	N D	PERFORI		0	OMPLETION OF CAUSE F DEATH?						
YSICIAN: MEDICAL CERTIFIC	PART II. Other significant condition  ALCOHOLO COLORDO  DID TOBACCO USE CONTI	RIBUTE TO CA HOSPITAL: 1 % Inpetion: 2 288. DATE OF	USE OF DE 26. PLI ER/Outpatient INJURY	ATH YE  ACE OF DEAT  3 DOA  28b. TIM	S No H (Check onl OTHER: 4 Nursin	y one) g Home	UNCERTAIL	N D	PERFORI	<b>⊠</b> NO	1	OMPLETION OF CAUSE F DEATH?						
YSICIAN: MEDICAL CERTIFIC	PART II. Other significant condition  ALCUARIO COLLABOR  DID TOBACCO USE CONTI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending	RIBUTE TO CA HOSPITAL: 1 % inpatient 2	USE OF DE 26. PLI ER/Outpatient INJURY	ATH YE  ACE OF DEAT  3 DOA  28b. TIM	S No No No No No No No No No No No No No	y one)  g Home	UNCERTAIL	N D	PERFORI	<b>⊠</b> NO	1	OMPLETION OF CAUSE F DEATH?						
ED BY PHYSICIAN: MEDICAL CERTIFIC	PART II. Other significant condition  ALCOHOLIC COLLINGS.  ALCHOLIC COLLINGS.  DID TOBACCO USE CONTI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending	RIBUTE TO CA  HOSPITAL: 1 M Inpatient 2  28a. DATE OF (Month, Da)  28a. PLACE OI	USE OF DE 26. PLI ER/Outpatient INJURY	ATH YE ACE OF DEAT 3 DOA 28b. TIMI	S No H (Check onl OTHER: 4 Nursin E OF URY	y one) g Home	UNCERTAIL  5 G Residence  JRY AT RK? ES 2 G NO	8 Other (S 28d, DESCR	PERFORI	NO NO	URED	OMPLETION OF CAUSE F DEATH?  YES 2 NO						
ETED BY PHYSICIAN: MEDICAL CERTIFIC	PART II. Other significant condition  ALCUARIO (11 h 65)  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	RIBUTE TO CA  HOSPITAL: 1 Di Inpetient 2   28a. DATE OF (Month, Di  28e. PLACE OI building,	USE OF DE 28. PLI ER/Outpatient inJury y, 'Year') FINJURY — AT I	ATH YE ACE OF DEAT 3 DOA 28b. TIM	S No Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C	y one) g Home lic. INJU WOI 1   y office	UNCERTAIL  5   Residence URY AT RK? ES 2   NO	8 Other (S 28d, DESCR 28f, LOCATIC City or 7	PERFORI  YES 2  Decify)  DE HOW IN  ON (Street e)	NO IJURY OCCI	URED  Or Rural Rou	OMPLETION OF CAUSE F DEATH?  YES 2 NO						
MPLETED BY PHYSICIAN: MEDICAL CERTIFIC	PART II. Other significant condition  ALCUARIO (1/1/h 65)  ALCUARIO (1/1/h 65)  DID TOBACCO USE CONTI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   NO  27. MANNER OF DEATH  1   Netural   5   Pending Investigation  3   Suicide   8   Could not be determined  29a. CERTIFIER (Check only)  1   CERTIFYING PHYSI	RIBUTE TO CA  HOSPITAL: 1 M Inpatient 2   288. DATE OF (Month, Daileding,	USE OF DE 28. PLI ER/Outpatient inJury y, 'bar') FINJURY — At Inte. (Specify) my knowledge, o	ATH YE  ACE OF DEAT  3 DOA  28b. TIME INJ  Control farm, a	S No.  No.  No.  No.  No.  No.  No.  No.	y one)  g Home  c. INJL  wor  1  Y  , office	UNCERTAIL  5   Residence  BRY  ES 2   NO  and place, end due	8 Other (S 28d. DESCR 28f. LOCATIC City or 7	PERFORI  YES 2  Decity)  DE HOW IN  ON (Street e. own, State)	IJURY OCCI	URED  Or Rural Roul	OMPLETION OF CAUSE F DEATH?  YES 2 NO						
APLETED BY PHYSICIAN: MEDICAL CERTIFIC	PART II. Other significant condition  ALCUARIO (1/1/h 65)  ALCUARIO (1/1/h 65)  DID TOBACCO USE CONTI  25. WAS CASE REFERRED TO MEDICAL EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSI	RIBUTE TO CA  HOSPITAL: 1 M inpatient 2  28e. DATE OF (Month, Dr.  28e. PLACE OI building,	USE OF DE 28. PLI ER/Outpatient inJury y, 'bar') FINJURY — At Inte. (Specify) my knowledge, o	ATH YE  ACE OF DEAT  3 DOA  28b. TIME INJ  Control farm, a	S No.  No.  No.  No.  No.  No.  No.  No.	y one)  g Home  c. INJL  wor  1  Y  , office	UNCERTAIL  5   Residence  BRY  ES 2   NO  and place, end due	8 Other (S) 28d. DESCR 28f. LOCATIC City or 7	PERFORI  YES 2  Decity)  DE HOW IN  ON (Street e. own, State)	NO Number of Number of State I due to the	URED  Or Rurel Round  d.  Couse(e) a	OMPLETION OF CAUSE F DEATH?  YES 2 NO						

Peter Hill MO Johns Honkins Beywen Medical Costa, Baltomor MA

31. DATE FILED (Month, Day, Year)

AUG 3 0 1995 Julia d'Auxilian Randell

permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD BEATRICE ANNA GAYLE CONWAY 8 95 9:45 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fore HOURS DAYS 170-22-7647 1 🗆 M 2 🗔 F 88 12-7-06 NANTICOKE. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 405 DELAWARE AVE. SALISBURY WICOMICO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MICOMICO 1 X YES 2 | NO SALISBURY 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 405 DELAWARE AVE. 21801 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. ☐ Never Married 2 ☐ Married Specify: BLACK BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5 +) B.S. + MASTER RETIRED TEACHER ELEMENTARY SCHOOLS 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sun THERESA DOUGLAS WILLIAM Ħ **JAMES** GAYLE B notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 NELSON GAYLE 120 - 29171st STREET: JAMAICA. N.Y. 11334 å 20a. METHOD OF DISPOSITION

1 DBurlel 2 Cremation 3 Removal from State 20c. LOCATION - City or Town, State 20b. PLACEAND DATE OF DISPOSITION (Name of must GREEN ACRES MEM. PK. 4 ☐ Donation 6 ☐ Other (Specify) 8-29 SALISBURY, MD. 21801 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL 1213 JERSEY ROAD, SALISBURY, MD. 21801 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) traumatic event, GRANS CERTIFICATION QUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING ever metastasic other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 - YES 2 NO 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: S 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL: OTHER 1 TES 2 NO 1 - Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c, INJURY AT marked, 26d. DESCRIBE HOW INJURY OCCURED 1 DE Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 69 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide 50 29a, CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

560 Riverside Dr. Shite-AZOM, Salisban

29c. LICENSE NUMBER

D45995

MO 2180

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

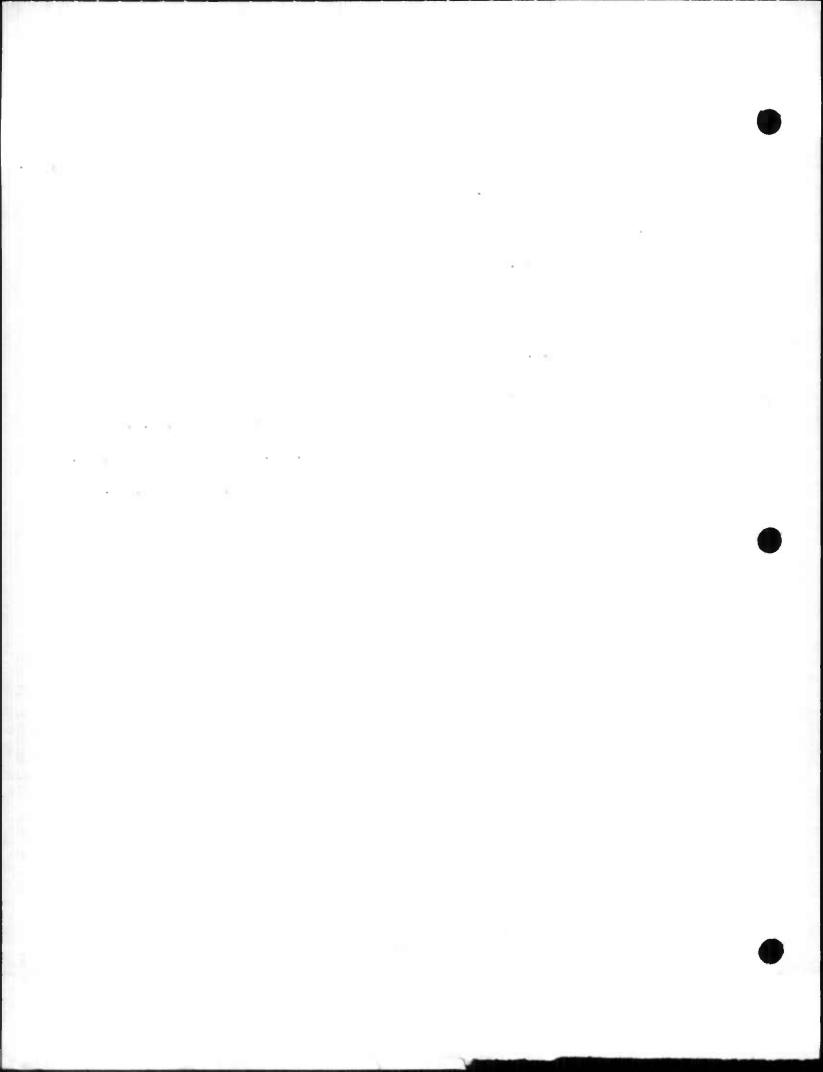
31. DATE FILED (MONTH, Day, Year)
AUG 3 0 1995

Tane A. (RICK

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Julia Davidson Rardall 29d, DATE SIGNED (Month, Day, Year)

29/95



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

**O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this combe filed within 72 hours after death with it	IMPORTANT: If item 28 is marked,

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Lest)

CLARA VIRGINIA DAVIS

4. SOCIAL SECURITY NUMBER

5. SEX

6. AGE (In VIS. Inst birthday)

F UNDER 1 YEAR

F UNDER 1 YEAR

F UNDER 24 HES.

7. OATE OF BIRTH

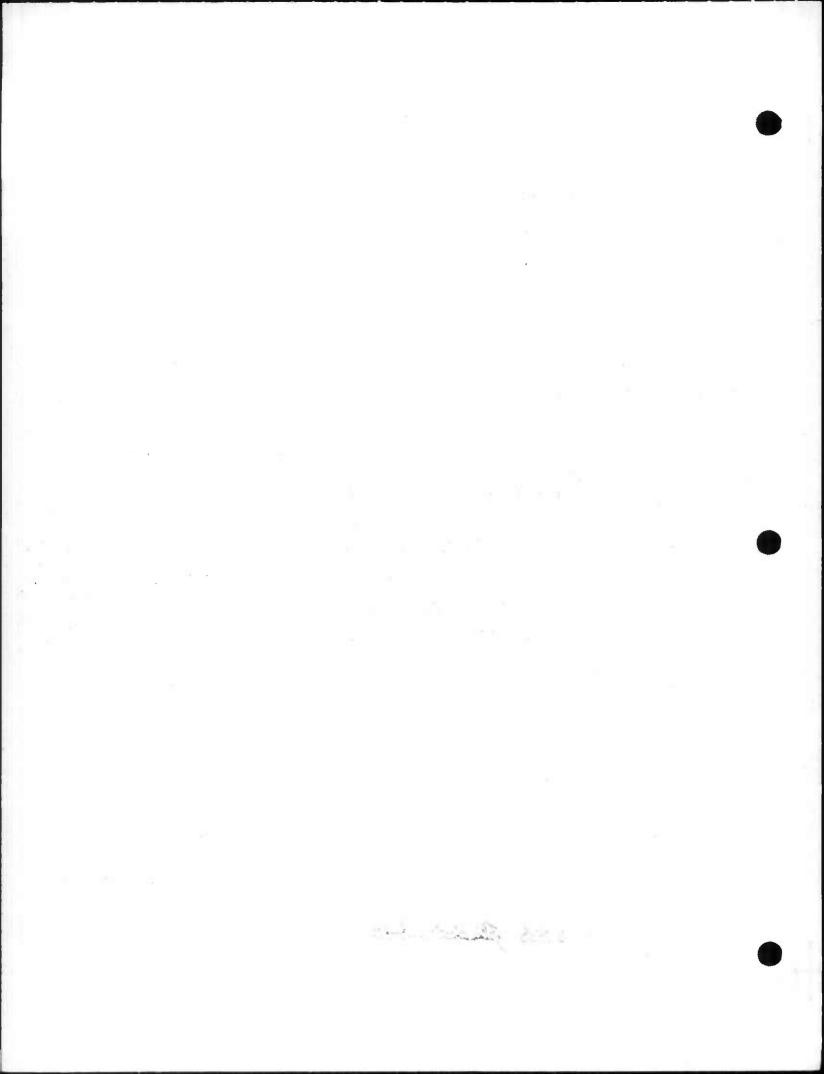
1	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH															
	CLARA VIRGINIA DAVIS											Γ 28	19	95	11:40	A M
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. lest				IF UNDER	DAYS	IF UNDER	24 HRS.	7. OATE OF I (Month, De	BIRTH ly, Year)		8. BIRTH	IPLACE (State or Forei	ign
	162-20-929		t 🗌 M 2 💢 F		90	YRS.					Oct.	22,	1904	Mai	yland	
oc.	9a. FACILITY NAME (If not institution, give street and number)									ON OF DE	ATH		9c. COU	NTY OF D	EATH	
D O	Homewood Retirement Center						Wil	liam	nspor	t			Was	hing	ton	
E C	10e. STATE 10b. COUNTY					10c. CITY,	TOWN	OR LOCAT	TION						10d, INSIDE CITY	-
DIRECTOR	Maryland	Wasi	hington			Wil	lia	mspo	rt						LIMITS?	0
A.	10e. STREET AND NUMBER							_	ZIP CODE	E			10g. CITIZEN OF WHAT COUNTRY?			
ER	16505 Vir	ginia A	Avenue						21	795	U.S.				Δ	
BY FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN L	J.S. ARMEI	D	13.	WAS DEC	ENDENT C	F HISPANI	NIC ORIGIN? (Specify Yea or No- 14. RACE				- American Indian.	1
≥	1 Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DATE				ES XINO					n, Mexicen Specify:						
		1													White	
COMPLETED	(Specify ani)	EDENT'S EDUC y highest grade	completed)		(Give I	DENT'S U kind of wo NOT use	vrk done	during mo	ON at of working	ng	16b. KIN	D OF BUS	INESS/IND	DUSTRY		
2	Elementary/Secondary (0	1-12)	College (1-4 or 5	r)		mema					77		,			
8	17. FATHER'S NAME (First, M	liddle, Last)			1101	mema	Ke I.		16 MOTI	HER'S NAM	HE (First, Middle	OWII		e	-	
	John R. Ma	artin									Alice		,			
BE (	19e, INFORMANT'S NAME (7				19b. M	ALLING A	DDRES	S (Street a			loute Number, (			Code)	<u>_</u>	
2	Mary C. Ma	arker													and 21740	)
	20g. METHOD OF DISPOSIT				LACEAND	DATEOF	DISPOS	ITION /Na	me of		DATE			City or To		
	1 X Burial 2 Crematio 4 Donation 5 Other		TVBI Trom State	Ro	ery, cremates	ill	Cem	eter	У	9-	1-95	Hag	erst	own.	Marvland	1
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	*		_	22.	NAME AN	ery 9-1-95 Hagerstown, Maryland  E AND ADDRESS OF FACILITY Minnich Funeral Home							
	Cott Minneel 415 E. Wilson Blvd. Hagerstown, Md. 21740									+0						
	23. PART I. Enter the di	iseeses, Dr C	omplications the	t caused t	he death	n. Do no									Approximate	
	IMMEDIATE CAUSE (Fir		List only one bed	Be Dn eec	h line.										nterval Bets	
	disease or condition resulting in death)															
	DUL TO (OR AS A CONSEQUENCE OF)															
NO	Sequentially list conditions, by CVCC OF AS A CONSEQUENCE OF A															
CERTIFICATION	If any, leading to immed cause. Enter UNDERLY!	diete	M	III T	ONSEQUE	NCE OF	My	100	10	_			11/K / 14/6 sero			
FI	CAUSE (Disease or inju- thet initieted events		DUE TO	(OR AS A C	ONSEQUE	NCE OF	110	cu	no				Wi	1/	your #5	
E	resulting in deeth) LAS	T .	e													
MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY FINDING!  PERFORMED?  AMILABLE PRIOR TO															
ă	CHOUN	CILE	NATU	AIU	unt				<u> </u>		1(	YES 2	NO		OF DEATH?	USE
													,		1 YES 2 NO	
AN	DID TOBACCO U		RIBUTE TO CA						UNC	ERTAIN	I XI					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:		. PLACE O		OTHER	₹:								
¥ I	27. MANNER OF DEATH		1 Inpatient 2			Bb. TIME	_	28c, INJ			Other (Sp					
	1 Natural 5	Pending	(Month, D		- "	INJUI	RY	WO	RK?		28d. DESCRI	BE HOW IN	IJURY OC	CURED		
BY	2 C State	Investigation Could not be	28a. PLACE O	F INJURY	- At home,	ferm, str	eet, tect			-	28t. LOCATIO	N (Street a	nd Number	or Ruent F	inute Aumber	-
E I		determined	building,	atc. (Specify,	)			,,			City or To	wn, State)		OI FIGHT	oute typinosi,	
Ë	29a. CERTIFIER	IFYING PHYSIC	CIAN: To the best of	my knowled	ine death			less deta	and stars				= 35			_
COMPLET															and manner as state	ed.
- 11	on outside the course and manner as stated.															
H	The Elk		MANICA	r Di	MET	700			130	D O			≥ Q	120	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	H (ITEM 27	7) (Type, P	rint)		(a)	1 / 0 (	9//		. (	CIT		_
	STEDHEN M	RETZNI	. 1 %	7	47	Non	Ph	nal	A	-د	1 Arm	71	Trans	1. 1	mi	
	31. DATE FILED (Marty, Day.	"B" 0 100	32. REOFSTRA	R'S SIGNATI	URE	,	. _W O	-50	110		e pro		CLEV	1		
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BALLIMORE, MARYLAND 21215-0020	be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	the and accompletely filled in the day from the same of the same of the same of
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICALE OF	- DEATH	REG. NO	).				
		1. DECEDENT'S NAME (First, Middle, Last)  TEMPLE	GLENN	DI	DRAN	1	2. DATE OF DEATH	DAY 199 C	3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIF	TTHPLACE (State or Foreign			
9		219-12-1083	1 🗆 M 2 📈 F	70 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 5.		arvland			
should	_	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH										
1, 2, 3	CTOR	Western Maryland	<u> Hospital Ce</u>	nter	Hager	stown		Washi	ngton			
Pages	DIREC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY			
.F.		Maryland Wasi	hington	Ha	gerstow	n			LIMITS? 1 YES 2 Y NO			
permit.	₹	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?			
DZU physician. burial-transit	FUNERAL	17004 Bentwood D				21740		USA				
hysici urial	교	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 100	13. WAS DE	CENDENT OF HISPAI pecify Cuban, Mexica	NIC ORIGIN? (Specify Vent, Puerto Rican, atc.)	ia or No- 14. RA Bi	ICE — American Indian, ack, White, atc.			
1 2 2 2 E	B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	MATES	1 🗆 YE	S 2 NO Specif	у:	Sp	White			
	8	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	16a. DECEDENT'S	USUAL OCCUPAT	ION toet of working	16b, KIND OF BU	JSINESS/INDUSTRY				
5 6 2	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT us	se retired.)	lost of working						
the hospital detached for	₹	11		Seamst	ress		E.J. F	ennel Co	).			
		17. FATHER'S NAME (First, Middle, Last)  Edward Joseph	Statlan				ME (First, Middle, Malder					
	BE	19a. INFORMANT'S NAME (Type/Print)	Storier	195 MAILING	AODRESS (Street		CE Nora Br					
5 5 5	입	Marlene E. Dors	sev		1 Wagama		agerstown.		7/10			
6 may be ctor, page		20a, METHOD OF DISPOSITION 1	206	. PLACE AND DATE	OF DISPOSITION (A			DCATION — City or				
9 9 -		4 Donation 5 D Other (Specify)	A G	netery, cremetory or o	emorial Pa	ark Sept.	7,1995 Wil	liamsport,	MD.			
		21. SIGNATURE OF EMPERAL SERVICE LIC	Netz /			NO ADDRESS OF FA	CILITY					
		1/1000-1111	Xale			BOX # 348		msport, MD	21795			
E 9 E 3		23. PART I. Enter the diseasea, or composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of t	omplications that cause	d the death. Do r	not enter the m	ode of dying, auc	h sa cardiac or reap	iratory arrest,	Approximate			
		IMMEDIATE CAUSE (Final	Λ						Onset and Death			
		disease of condition  RESPIRATORY FAILURE  DUE TO (OR AS A CONSCOURCE OF):										
8 6 8		_					11077.015	0	API LINCARA			
4 8 " O E	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	FULMON	FEW FEW								
hcate be physician ne prior ne	CA	Sequentially fist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a conscouence of):  DUE TO (or as a conscouence of):  DUE TO (or as a conscouence of):  DUE TO (or as a conscouence of):										
nding phy Hygiene p	E	that initiated events resulting in death) LAST							MANY			
F He H	띉	description of description	CORONA	RY At	YERY	DISET	156		YEARS			
ing Me		PART II. Other aignificant conditions							4b. WERE AUTOPSY FINDINGS			
and bed by the	EDICAL	CHF, HTN, SI	PINAL CORD	COMPR	ESSIDN,	RECURRE	PERFO	RMED7	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	Σ	PNEUMONIAS.						A	1  YES 2 NO			
e law req has been Dept. of 23 sho	ä	DID TOBACCO USE CONTR					N					
SICIAN: The law requestrificate has been the State Dept. of them 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLACE OF DEAT	OTHER:							
SICIAN Certific the	PHYS	1 VES 2 NO	1 Inpatient 2 ER/Outp	28b. TIM		JURY AT	8 Other (Specify)  28d. DESCRIBE HOW	In they Addition				
ATTENDING PHYSICIAN: The law CTOR: After this certificate has be after death with the State Dept.  28 is marked, or item 23		1, Natural 5 Pending	(Month, Day, Year)	INJ	URY W	ORK? YES 2 NO	284. DESCRIBE NOW	INJUNT OCCUMED				
VOING After death	ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, a	stree1, factory, offic	ca	281. LOCATION (Street	and Number or Rura	I Route Number,			
DR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ETE	4 Homicide determined	banonig, are. (dpoc	элу)			City or Town, State	,				
,	MPLE	29a. CERTIFIER 1 CERTIFYINO PHYSIC	IAN: To the best of my know	ledge, death occurre	ed at the time, date	a and place, and dua	to the cause(e) and me	nner ee atated.				
	CO	one) 2 MEDICAL EXAMINER	: On the basis of exemination	n and/or investigatio	n, in my opinion,	death occured at the	time, date and place, ar	nd due to the cause	r(s) and manner as stated.			
THE HOSP THE FUNE filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER	/CTACE ON	10.0.0.1		29c. LICENSE NUM		29d. DATE SIONE	ED (Month, Day, Year)			
5 5 3 <b>8</b>	2	TO MAKE AND ADDRESS OF THE MILE	~	1SICIAN)	)	D-46-	517	► SEPT.	4th, 1995			
		SIRAT SIDDLE	L. A.M. IUS	500 PE	VNSYLL	ANIA AI	ENUE HA	ERSTAUL	NA9174A			
		31. DATE FILED (Month SER Par) 5 19	952. REQUATE A	Control of the last	II.	1114113 14 0	UNUG III	-1-3(OWN	170-21110			
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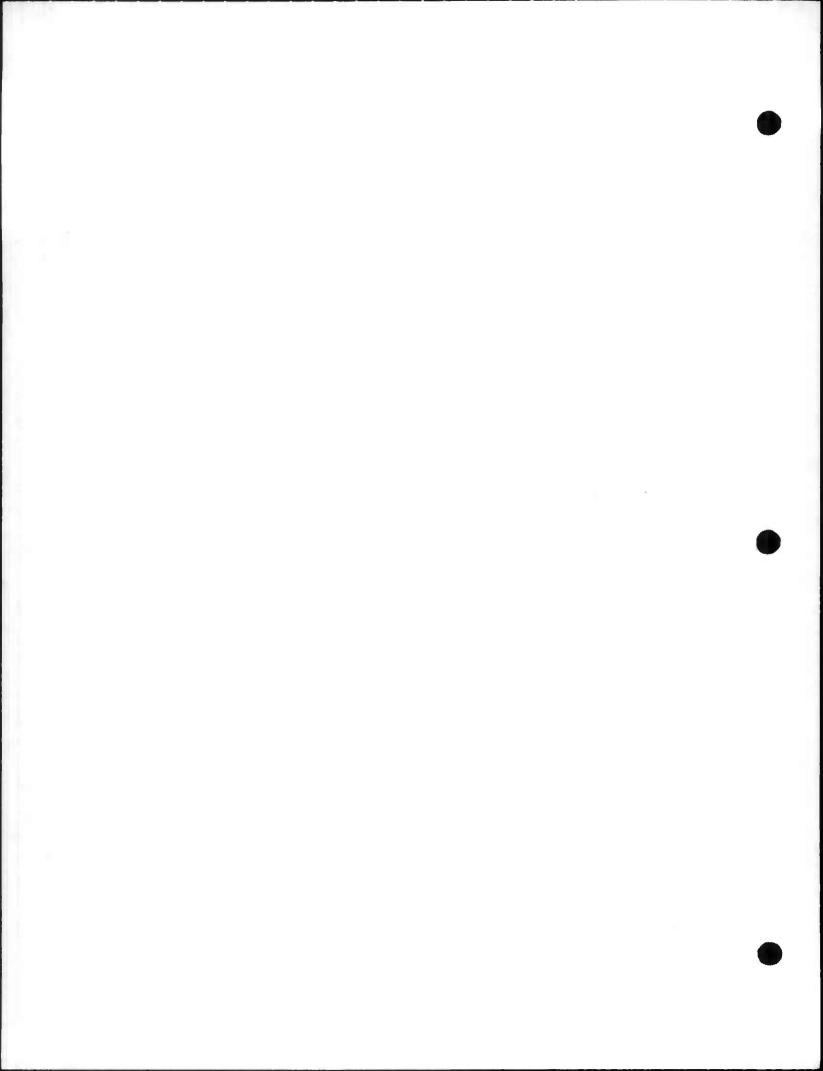
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE OF MARYLAND / D CEF	EPARTMENT RTIFICATE	OF H	EALTH AND	MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)		- 01	DEATH	2. DATE OF DEATH	,	Ť	3. TIME OF DEATH					
	KATIE E. DAVIS				August 2	1, 199	YEAR	9:47 A M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest bit			IF UNDER 24 HRS.	7. DATE OF BIRTH	,,,,,,	6. BIRTHE	PLACE (State or Foreign					
	217-32-2319 1 n 2 M F 86	217_32_2319 I A M R R R MONTHS DAYS HOURS MIN. (MONTH, Day, Year) Cour											
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH												
O.B.	PRINCE GEORGES HOSPITAL CHEVERLY Prince Georgeo												
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 140												
DIRECTOR	Maryland Prince Georges	West La						10d. INSIDE CITY LIMITS?					
	10a. STREET AND NUMBER	11000 21		ZIP CODE		1X YES 2 □ NO							
FUNERAL	7714 Emerson Road			20784		HAI COUNTRY?							
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME	D 13. V	WAS DECE	NDENT OF HISPAI	NIC ORIOIN? (Specify Ye	- American Indian, White, atc.							
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	OHOEST 1 TES 2X NO If yes, specify				cify Cuban, Maxican, Puerto Rican, atc.) Black							
ВУ	3 X Wildowed 4 Divorced			- A No open	,		Specify						
	(Specify only highest grade completed) (Give )	DENT'S USUAL OC	CUPATION	N t of working	16b. KIND OF BL	ISINESS/IND	USTRY						
<u>"</u>	Elementary/Secondary (0-12) College (1-4 or 5+) #fe, Do	omemaker			Own H	Tome							
COMPLETED	- V	Cilenanei	_										
	17. FATHER'S NAME (First, Middle, Last) Edward Shelton			Martha	ME (First, Middle, Maider A. Heflin	Sumame)							
BE													
2		824 N.	22nd	Avenue.	Peoria,	vn, State, Zip Arizol	na 8	35382					
		DATEOFDISPOSI		·			- City or Town, Stata						
	112 Burlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify)	ory other place!	erv	na or		Brentwo							
	21. SIONATURE OF FUNERAL SERVICE LICENSEE	22. N	IAME AND	ADDRESS OF FA	CHITY								
	b Kichard V. Ja			Hale Fune	cal Home cad, Lanham,	MD 20	0706						
	23. PART I. Effect the diseases or complications that caused the death			-	•			1 8					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, allock, or heert failure. List only ope cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CALCE (Please or 1)  CARDIO MAN DATTM												
	IMMEDIATE CAUSE (Final disease or condition												
	resulting in death)  S. VENTURE OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL O												
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2	CAUSE (Disease or Injury that initiated events	Pathy					2 gen						
Ë	1		.1					15 mas,					
CERTIFICATION	d. HYVELLIE	NSIDI	N										
AP.	PART II. Other algnificant conditions contributing to death but not resu	ulting in the unc	derlying	cause given in	Part I. 24a. WAS AN		24b. 1	WERE AUTOPSY FINDINGS					
5	MALIGNANT LARGE P	LEURI	ALE	Efusi	PERFO	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ME								OF DEATH?					
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YES N	10 🗆	UNCERTAIL	V 🛂								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE O EXAMINER?	OTHER											
YSI	1 VES 2 TAO 1 Inpetient 2 ER/Outpetient 3			5 🗆 Residence	6 Other (Specify)								
	27. MANNER OF DEATH  1 ☑ Netural 5 ☑ Pending  28e. DATE OF INJURY (Month, Day, Year)	8b. TIME OF INJURY	28c. INJU	K?	28d. DESCRIBE HOW	INJURY OCC	URED						
à	2 Accident Investigation	form the Australia		ES 2 NO									
COMPLETED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, building, etc. (Specify)	rerm, street, tecto	ry, onica		261. LOCATION (Street City or Town, State		or Rural Ro	ute Number,					
9	29e. CERTIFIER	_											
₽ B	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death one)  2 MEDICAL EXAMINER: On the bests of examination and/or inve												
	( ) 4		nd due to the	o cause(s)	and menner as stated.								
띪	396. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	ABER	29d. DATE	SIGNED	Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2)	7) (Time Print)		D 4188	83	18	130	M3					
	HEMA P.YADLAM. D. 9470	ANNAPE	Lis	Rd Si	os site#308	LA	とない	2070h.					
	AUG 30 1995	4		,		- 1/3		-0,00					



DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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CONCRETE PRIMARE   PART   A SAME   A		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND		HYGIENE REG. NO.						
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ALEXANDER S. POPE FUNERAL HOMES 2617 Penn. Ave., S.E., WDC 20020  23. PART I. Enter the diseases, or complications that clusted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between offices, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final Indication of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro		4 Donation 5 Other (Specify)	rel from State	ORBECK M	EMORIAL		8/26							
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28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 8 Could not be detarmined 29e. Certifier (Check only one) 29e. Certifier (Check only one) 29e. Signature and Title OF Certifier 29e. Signature and Dittle OF Certifier 29e. License number 29e. Date signed (Month, Day, Year) 29e. Date signed (Month, Day, Year) 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. Date signed (Month, Day, Year) 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. Date signed number 29e. Date signed number 29e. Date signed number 29e. Date signed number 29e. License number 29e. License number 29e. Date signed number 29e. License number 29e. Date signed number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. Date signed number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. License number 29e. Licens		1 Netural 5 Pending	28s. DATE DF INJURY NYTH, Day, Year)	N M	OF 28c, IN.		28d. DESCRI	BE NOW INJUR	YOCCURED					
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23091  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  LASSULI 4-915 Auburg Av Bellusda My vo 814  31. DATE FILED (Mornit, Day, Volar)  32. REGISTRAR'S SIGNATURE		DATE SIGNE	D (Month, Day, Year)											
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE F.	be filed w	IMPORT/

PHYSICIAN:

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1 Natural

2 Accident

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH 1 DECEDENT'S NAME (First Middle Last) 27,1995 1:45 MARY Κ. DAVIS AUGUST PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. last birthday) 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. OCT. 5,1949 DAYS HOURS MONTHS MIN. 1 🗌 M 2 🂢 F 45 YRS. WASH., DC 218-52-8910 9b. CITY, TOWH OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR DOCTOR"S HOSPITAL LANHAM PRINCE GEORGES RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10e STATE 10b. COUNTY 10d. INSIDE CITY 1 X YES 2 NO MARYLAND PRINCE GEORGE'S LANDOVER HILLS 104 STREET AND NUMBER 101 ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 20784 USA 4409-73rd AVENUE 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yea, apecify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: BY BLACK 3 Widowed 4 Divorced **E** 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) PVT. RETAIL SALES CLERK 9th 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) TILLMAN WILLIAMS FRAZIE BAXTER BE 19a. INFORMANT'S NAME (Non/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) RUDOLPH DAVIS/ HUSBAND 4409-73rd AVE. LANDOVER HILLS, MARYLAND 20c. LOCATION — City or Town, Stata 20a. METHOD OF OISPOSITION

| Survival | 2 | Cremation | 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE HARMONY MEMORIAL PARK 9+1-95 LANDOVER, MARYLAND 4 Donation 8 Other (Specify) 21. SIGNATURE OR FUNERAL SERVICE LICENSEE J.B. JENKINS FUNERAL HOME 0 7474 LANDOVER ROAD LANDOVER, MD 20785 23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line interval Between Onsat and Death **IMMEDIATE CAUSE (Fine)** disease or condition Hamorrhage Intralerabral resulting in desth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury **OUE TO (OR AS A CONSEQUENCE OF):** that initiated events reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATHS 1 YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL 1 X YES 2 NO 1 Inpatient XXER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH

OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28a. PLACE OF INJURY — At home, larm, streel, lactory, office building, etc. (Specify) 8 Could not be determined

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2XXMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

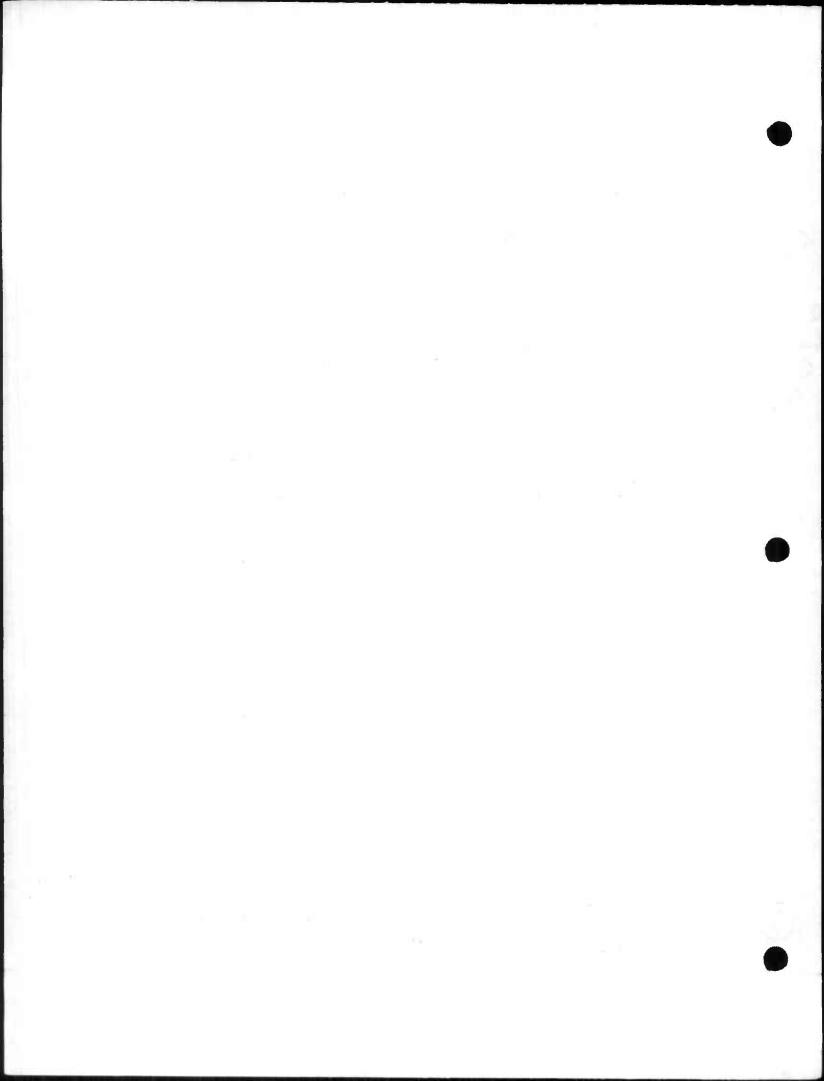
O.C.M.E

31. DATE FILED (Month, Day, Year)
AUG 29 1995

Fowler 32. REGISTRAB'S SIGNATURE



▶ AUGUST 28,1995



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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Anne Jane Dennery 1995 August 22. 11:34 PM M 4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Ybar) IF UNDER 1 YEAR IF UNDER 24 HRS. 228 52 3615 1 M 2 N F 73 HOURS YRS Dec. 24,1921 Pennsylvania permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Doctors' Community Hospital Lanham Prince George's DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's XX YES 2 NO Bowie FUNERAL 10f. ZIP CODE 10c. CITIZEN OF WHAT COUNTRY? use as the burial-transit 12610 Blackwell Lane 20715 United States retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 TYES 2 NO BY Specify: Specify: 3 Widowed 4 Divorced White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only his ᆸ funeral director, page 5 should be detached for College (1-4 or 5 +) COMPL Teacher Private School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First Middle Mairies Surname 픁 BE James Frank Delahanty Catherine Reilly 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 James G. Dennery 12610 Blackwell Lane Bowie Maryland hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION
120 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must emetery, cremetery or other place)
Calvary Cemetery 4 Donation 5 Other (Specify) Aug. 28,1995 Media Pa. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert E. Evans Funeral Home, P.A. Rober Mes 16000 Annapolis Rd. Bowie Md. 20715 and completely filled in by the bunal, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haert failure. List only one cause on each line interval Bety IMMEDIATE CAUSE (Fine) Onset and Death within 24 disease or condition resulting in death) Acute renal failure 48 hrs. event, DUE TO (OR AS A CONSEQUENCE OF): executed Septicemia traumatic CERTIFICATION 7 days Sequentially list conditions. 9 DUE TO (OR AS A CONSEQUENCE OF) been signed by the attending physician of the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to the prior to th If sny, lesding to immediate cause. Enter UNDERLYING Pneumonia week CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Metabolic Encephalopathy 2 weeks 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY Adult responsiony distress syndrome Liver disease that any 1 TYES 2X NO OF DEATH? shows Multisystem organ failure 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TES 2 NO 1 Ninpatient 2 ER/Outpatient 3 DOA the 27. MANNER OF DEATH 28b. TIME OF 26a. DATE OF INJURY 28c. INJURY AT this c 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)
29 MEDICAL EXAMINED: On the basis of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE FIED WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Jua J. Muserich Mp 046992 8/29/45 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) T. Muscouch \$14300 Gallant Tox La Svite 118 Bowie MD Tara 31. DATE FILED (Month, Day, Year) 32. BEGISTRAE'S SIGNATUREO 0I 1995

DHMH-16 Rev 1/89

and the second

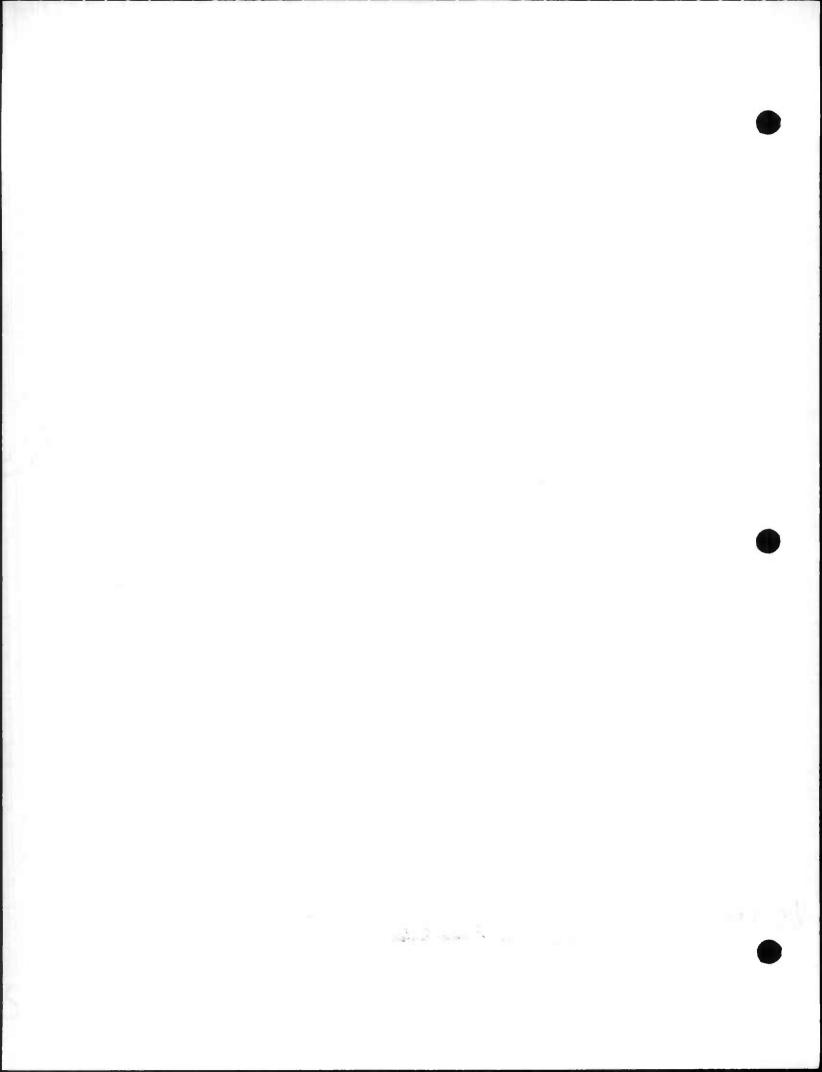
by the hospital or attending physician. If the detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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Page 6	direct	er m
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be med wronn 72 hours aret death with the State Dept. of heath and memal hydrere prior to buna, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified.
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2	2	be med within 72 tools after death with the state begit, of heath and mental hydrene prior to bunal, cremation, or removal, IMPORTANT: If them 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical ex

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	MONTH DAY YEAR										3. TIME OF DEATH				
			nney	ney						1995	TEAR	5:00 AM M			
		4. SOCIAL SECURITY NUME	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	-	IF UNDER			OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
		051 14 8785	5	1 万 M 2 □ F	74	YRS.	MONTHS DA	WS	HOURS	MIN.		4,192	20		yland
		9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									_				
	DIRECTOR	12410 Star			Bow	ie					Pri	ince	George's		
	E I	10e. STATE	10b. COUNT			10c. CIT	Y, TOWN OR L	OCATIO	ON	_	10d. INSIDE			10d. INSIDE CITY	
	늄	Maryland	Prince	e George	George's Bow			wie							LIMITS?
	A	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHA													
	FUNERAL	12410 Star1	light 1	Lane	ne				2071	.5			Ur	nited	States
	5	11. MARITAL STATUS	12. WAS DECEDER	FORCES? 1 YES 2 NO			DECE	NDENT O	F HISPAN	IC ORIGIN	17 (Specify Yes	or No	14. RACE	— American Indien,	
	BY	1 Never Married 2353	-	IF YES, GIVE	S? 1 YES 2 NO GIVE WAR OR DATES				If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)  1 YES 2 NO Specify:					Speci	fly:
		15. DEC	EDENT'S EDU	CATION	16a DE	CEDENTIO	USUAL OCCU	DATION			1405	KIND OF BUS			White
			y highest grade	completed)	/G	ve kind of	work done durin	a most	of working	g	100	. KIND OF BUS	INESS/IN	DUSTRY	
	2	Elementary/Secondary (C	D-12)	College (1-4 or 5	*) Qt	ialit ngine	y Assu	ıraı	nce				IIni	lvers	ity
200	COMPLETED	17. FATHER'S NAME (First, M	fiddle, Last)			IZIII		Т	18. MOTH	ER'S NAM	ME (First, I	Middle, Melden		LVEIS	sity
	BE C	Baxter Denn	nev								Hell				7.0
	6	19a. INFORMANT'S NAME (1			198	. MAILING	ADDRESS (St	eet end				ber, City or Town	, State, Zip	Code)	
	F	Geraldine	L. Der	nney		124	lo Star	rli	ght	Lane	<u> </u>	Bowie N	[ary]	Land	20715
		20a. METHOD OF DISPOSIT 1 ☐ Burlel 2 💢 Cremetic		oval from Stata	20b. PLACE	ND DATE	OF DISPOSITIO	N (Nam	ne of		DAT	E 20c. LO	CATION —	City or To	wn, State
		4 Donation 5 D Other	(Specify)		Metr	opo1	itan C	ren	nato	ry 9	1/9	)5 A	1exa	ndri	a Virginia
	1	21. SIONATURE OF FUNERA	L SERVICE LIC	CENSEE	$\mathcal{I}$		22. NAM	bei	ADDRES	EV.	ans	Funera	1 Ho	me.	P.A.
		Kolu	tE.	Cirum	Tre	20.									
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,									Approximate						
ahock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  a. M Startate Prostate Cancer										Interval Between Onset and Death					
		disease or condition resulting in death)	<b>→</b>	a. //	llasti	il	( P.	02	elal	TC	ar	ces			6 years
2				DUE TO	(OR AS A CONSEC	DUENCE O	F):								
and i	8	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
	CERTIFICATION	If any, leading to imme- cause. Enter UNDERLYI		502 10	(OH AS A CONSEC	POENCE O	r).								i .
i	Ĕ	CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A CONSEC	UENCE O	F):								
		resulting in death) LAS	Т	d											
		PART II. Other algoritica	nt condition	s contributing to	death but not o	esultina	la the under	lulaa		dues to f	Daniel I			1	
	MEDICAL	PERFORMED? AMAILAB										WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE			
											-	1 - YES 2	NO		OF DEATH?
: ! :	_ 11	DID TOBACCO U	SE CONT	DIRLITE TO CA	HISE OF DEA	TLI V	S D NO	ы	LINIO	EDTAIL		,			1 TES 2 NO
	Z I	25. WAS CASE REFERRED TO		CIBUIE IO CA			TH (Check only		UNC	ERTAIN	<u>Ч</u>				
1	PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3		OTHER:		eh/a	ald a c	in all o				
	Ĭ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b, TIM	E OF 28c	. INJUE		sidence (		CRIBE HOW IN	LIURY OC	CURED	
5 1	- 10		Pending Investigation	(Month, E	Day, Ybar)	INJ	URY	WOR		NO					
	BÁ	2 Deutstan	Could not be	28e. PLACE C	OF INJURY — At how atc. (Specify)	me, farm, :	street, factory,	offica	_		28f. LOC	ATION (Street e	nd Number	or Rural R	loute Number,
			determined	Danning,	etc. (Specify)						City	or Town, State)			
	Z	29a. CERTIFIER CERT	TIFYINO PHYSI	CIAN: To the best of	my knowledge, de	th occurr	ed at the time,	dete e	nd place.	end due t	to the ceu	se(e) end man	ner ee stat	led.	
	COMPLET														) end menner ee stated,
		296. SIGNATURE AND TITLE	OF CERTIFIER	1 -11	1 4		1	- 1	29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year) /
		1 Ro	y m!	o alle	nding of	hys	ccin		00	29:	5 7	2/	•	Sed	9/1/95
	2	Part Ber	PERSON WH	O COMPLETED CAU	SE OF DEATH (ITEM		Print) Bl	2	O su	nti	10	, Cal	7	m	21/14
		31. DATE FILED (Month, Day	T 1995	32 MEGISTR	S SIGNATURE O	relate	//				/ 4/		40-1		
		~		10											



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		NTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH DAY	YEA	3. TIME OF DEATH					
	FENNER	CYRI		EZECHI		GUST 27,							
	4. SOCIAL SECURITY NUMBER	. 87d 🗆 -	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7. HOURS MIN.	(Month, Day, Year)	Co	RTHPLACE (State or Foreign					
	577-86-7234  9a. FACILITY NAME (If not institution, give:	Α	41 YRS.	9b. CITY, TOWN (	OR LOCATION OF DEATH	11-29-53	9c, COUNTY C	outh America					
H.	INTERSECTION C		RONTFANT			SPRING		NTGOMERY					
5	RESIDENCE OF DECEDENT  10a, BTATE  10b, COUNT			, TOWN OR LOCA				10d, INSIDE CITY					
DIRECTOR		gomery		ver Spr				LIMITS?					
	100. STREET AND NUMBER 2326 Glenmont	Circle # 20	4	to	ZIP CODE 20902		10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL							US						
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? YEYYES IF YES, GIVE WAR OR D	2 NO	If yee, ep	ENDENT OF HISPANIC ecity Cuban, Maxican, F  2 NO Specify:			IACE — American Indian, llack, White, atc. ipecify:					
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of v	vork done during mo	ON st of working	16b. KIND OF BUS	INESS/INDUSTR	Y					
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	Correct:			Lorton	2						
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	2 years	COTTECT	ton offi		(First, Middle, Maiden S							
ш	Richard Ezech	iels			Paulin	e Whart	on						
TO B	190. INFORMANT'S NAME (Type/Print) Sheryl Ezechie	ls	19h MAHING 2326 Silve	Glenmo	nt Circle	Apt 204	, State, Zip Code	)					
	20a. METHOD OF DISPOSITION  1 Buriel ZXXCremation 3 Ren		b. PLACE AND DATE O	F DISPOSITION (N			CATION — City of	r Town, Stata					
	4 Donetion 6 Other (Specify)		Metropol	itan C	rematory	Ale	xandri	a, Va.					
	21. SIGNATURE OF FUNERAL SERVICE LI	O OO		22. NAME A	ND ADDRESS OF FACIL	"42I7 nag	h stre	eral Home, Indet,					
	J. Tha	rshall				Washingt	on, D	C 20011					
		List only one cause on		ot enter the mo	ds of dying, such s	is cardiac or respli	ratory srreat,	Approximate Interval Between Onset and Death					
	IMMEDIATE CAUSE (Final disease or condition	cardiac	t noonac	ic one t	o minture	d might ve	entri el						
	resulting in death)  a. cardiac tuponade due to ruptured right ventricle  Due TO (OR AS A CONSEQUENCE OF):  Of the heart												
NO	Sequentially list conditions,	b. DHE TO (OR AS	A CONSEQUENCE OF	54									
ATI	if any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):									
ËRI	resulting in death) LAST	d											
AL C	PART II. Other significant condition	ns contributing to death	but not resulting	in the underlyin	g cause givan in Pa	ort I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
						_ 1 SPYES 2		COMPLETION OF CAUSE OF DEATH?					
MEDIC			25.55.4711			_		1 SYES 2 NO					
AN:	DID TOBACCO USE CONT	KIBUTE TO CAUSE (	26. PLACE OF DEAT		UNCERTAIN	Ш							
PHYSICIAN:	EXAMINER?  YES 2 NO	HOSPITAL:		OTHER:	ne 5 □ Residence 50	VOther (Specify)	ROADWA	v					
Ή	27. MANNER OF DEATN	26e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN		8d. DESCRIBE HOW IF	LIURY OCCURE						
ВУБ	1 Natural 5 Pending Investigation	8/27/95	1:	35aM 10	YES 2 NO	intersec	tion of						
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	ecify)			Bf. LOCATION (Street a City or Town, State)							
E.	And CERTIFIED				ant Road	Silver S		Ma mrland					
COMPLET	(Check only	SICIAN: To the best of my kno IER: On the basis of examinati						ree(a) and manner as stated.					
ш	29b. SIGNATURE AND TITLE OF CERTIFIC	R MI			29c. LICENSE NUMBI	ER	29d. DATE SIG	NED (Month, Day, Year)					
TO B	20 NAME AND ADDRESS OF BETTER	7/064	ME ATAL ATERS OF AT	Delet	O.C.M.	E. AU	GUST 2	28, 1995					
-	30. NAME AND ADDRESS OF PERSON W	FOWLET	, , , , , ,		ot Doll	imoro !	M -> -> - 1 -	nd 21201					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		m SLIE	et, Balt	лиоте,	MALYIC	and 21201					
1	AUG 31 1995	Julia Davidear	0 11										

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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		CETTIII ICATE OF BEATTI
		1. DECEDENT'S NAME (First, Middle, Last)  PAULINE E. FAIN  2. DATE OF DEATH MONTH DAY YEAR  4.35 A
		A SOCIAL SECURITY ANIMARY
		579-17-2956 1 M 2 MF 72 VSB HONTHS DAYS HOURS MIN. (MOTH) POR 1991 1991
should		Plat y Land
3 8)	Œ	MANOR CARE NSG. HOME LARGO, MARYLAND PRINCE GEORGE
1, 2,	СТОВ	RESIDENCE OF DECEDENT
Poes	DIRE	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
		Maryland   Prince George's   Suitland   1 □ YES 2 1 3 NO
permit.	FUNERAL	104. STREET AND NUMBER  106. STREET AND NUMBER  107. CITIZEN OF WHAT COUNTRY?
020 physician. burial-transit	- W	6102 Auth Road 20746 U. S. of A.
020 physician. burial-trar	5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, stc.)  14. RACE — American Indian, Black, Whita, stc.
	BY	3 X Widowed 4 □ Divorced IF YES, OIVE WAR OR DATES NO Specify: Specify: White
215-0 attending se as the	8	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
5 5	4	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  (Give kind of work done during most of working life. Do NOT use retired.)
the hospital detached to	COMPLET	12 1 Researcher Census Bureau
	8	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)
A Pe pe pe pe pe pe pe pe pe pe pe pe pe pe	삚	Moses Einbinder Rebecca Stuttman
MAR retained 5 should notified	2	19a. INFORMANT'S NAME (Type-Print)  19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  William A. Fain  19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  6102 Auth Road, Suitland, Maryland 20746
m A S B		
ORE 6 may ector, pa must b	1 1	20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State  20c. LOCATION - City or Town, State
Page I dire		21 SIGNATERS OF FURTHER SPRINGS LIVENESS
1 4 8 E		Lee Funeral Home, Inc.
Y - 2 7	Н	6633 Old Alexander Ferry Rd., Clinton, Md.
ed in		23. PART Lenter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between
		IMMEDIATE CAUSE (Final disease or condition
d withing a mapletely fill cremation, event, the		disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  A. DUE TO (OR AS A CONSEQUENCE OF):
B 6 4 8	z	the Bleat
OX 68  be execut sician and or for to burit traumatic	CATION	Sequentially list conditions, If any, leading to immediate
ate b	3	cause. Enter UNDERLYING CAUSE (Disease or injury
Stene Parising C	별	that initiated events resulting in death) LAST
attend rtal Hy	CERTIFI	C. Drawing Ivaning
We be o		PART II. Other significant conditions contributing to death but not resulting in the underlying gluss given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
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AL KE he law required has been Dept. of n 23 sho		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN 10
at the E	SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)  EXAMINER?  HOSPITAL:  OTHERS
SICIAN: The certificate I h the State	YSI	1 ☐ YES 2 ☐ 40
OR ATTENDING PHYSICIAN: OR ATTENDING PHYSICIAN: OIRECTOR: After this certifica ours after death with the St lem 28 is marked, or It	РНУ	27. MANNER OF DEATH  28s. DATE OF INJURY 1 North, Day, Ner)  28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s. DATE OF INJURY 28s.
After death	BY	Accident Investigation Investigation Investigation
TTEND TTOR: 4 after d	G	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, etreet, sectory, etries building sec. (Specify)
ON ATTENDING DIRECTOR: After hours after death Item 28 is ma		29e. CERTIFIER
4 4 2 5	COMPL	(Check only one)    MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated.    MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated.
HOSPITAL FUNERAL WITHIN 72 H	용	200 CIONATURE AUG VITTE OF THE
<b>基 基 2</b>	BE	29b. SIGNATURE AND TITLE OF CENTIFIER 29d, DATE SIGNED (Month, Day, Year)
₽₽% ₹	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A
		STPAO, MD-CLOOD-MIT WILLIAM - ROad # 220 BAWE-MD-11
		11. DATE FILED (Monto, Day, 1907) 1995. 32. REDISTRAR'S SIGNATURE
		31. DATE FILED (MORD) DAY 1995 32. APOISTRAR'S SIGNATURE  Julia Davidson Randell

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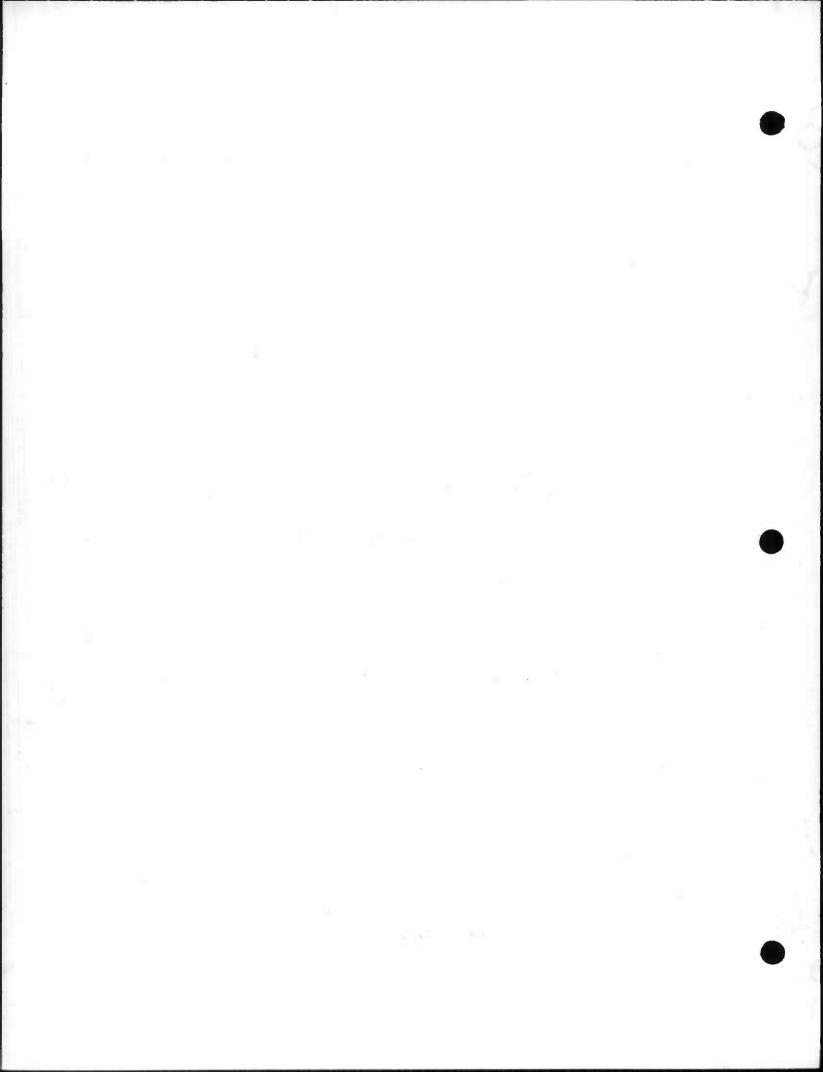
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)		0=111111	ALL OF	DEATH	2. DATE OF DEATH			3. TIME OF DEAT	М				
	MARY MAGDELEN	A FARRIS				MONTH D		YEAR 995	3:13	A M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	.0,		PLACE (State or Fo	**				
	189-05-7536	1 M 2 X F	85 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 1, 19	910	Countr	nsylvan:	-				
	9a. FACILITY NAME (If not institution, give a	street and number)		b. CITY, TOWN (	R LOCATION OF D		9c. COUN			ıa				
DIRECTOR	Crofton Convales	scent Center		Crofton					undel_					
Ä	16a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN DR LOCAT	IDN				10d. INSIDE CITY					
	Maryland Anne	Arundel	Crof	ton				1 N YES 2 NO						
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	EN OF W	NAT COUNTRY?					
FUNERAL	2131 Davidsonvi	lle Road		1 2	21114									
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPA	NIC DRIDIN? (Specify Yes	U.S.	14. RACE	- American India	ın,				
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ATES		ecify Cuban, Maxica 2 ☑ ND Specif	nn, Puerto Ricen, atc.)		Speci	, White, atc.	- 4				
	***************************************			<u> </u>	A.				White					
Ψ	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S US (Give kind of wor	k done durina ma	N st of working	186. KIND OF BUS	SINESS/INDI	USTRY						
ا۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	iite. Do NOT use i											
COMPLETED	8		Homemake	r		Own Hon								
	17. FATHER'S NAME (First, Middle, Leat)  Andrew Sabol				The second second second	ME (First, Middle, Meiden	Surname)							
B					Barbara									
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	Edna B. & David B. Faris 15 Tetreau Street, Nashua, New Hampshire 03060													
	20s. METHOD OF DISPOSITION  1 \overline{\text{S} Burlel 2 \overline{\text{Cremation 3 \overline{\text{D} Removal from State}}}}   20s. PLACE AND DATE   DATE   20s. LOCATION - City or Town, State   cametery, crematory or other place)   Quantico National Cemetery   8/31/95 Triangle, Virginia													
	21. SIGN TURE OF FUNERAL SERVICE LIC	CENSEE Q1	iantico Na	tional	Cemeter	y   8/31/95 Ti	riang	le,	Virginia	a				
		1				i's Sons Fu	mera1	Ho	me. P.A.					
	MIDIE	I and		4739	Baltimor Baltimor	e Ave. Hy	atts	7111						
1	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused List only one cause on e	the death. Do not	enter the mo	de of dying, suc	h as cardiac or respi	ratory sm	81,	Approxima	nts				
	IMMEDIATE CAUSE (Final	A)	acii iiiio.		1				Onset and					
- 1	disesse or condition resulting in death)		2 mon	the										
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	DUE TO (OR AS A	CONSEDUENCE OF):		0	imnia				1460				
Z	Sequentially list conditions,		2 mo	uths										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING													
	CAUSE (Disesse or Injury													
Ē	that initiated events resulting in death) LAST		CONSEQUENCE OF)						İ					
S		d												
4	PART II. Other aignificant condition	s contributing to death b	ut not resulting in	the underlying	cause given in			24b.	WERE AUTOPSY FI					
PHYSICIAN: MEDIC	Henc	intra, po	35.00	14/3re	eners	d . 1 □ YES 2			COMPLETION OF CO	AUSE				
M									1   YES 2	10				
ż	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NO E	UNCERTAIL	N								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH											
YSI	1 TYES 2 PNO	1 - Inpetient 2 - ER/Outp		THER:	5 🗆 Residence	6 Other (Specify)								
표	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		JRY AT RK?	28d. DEŞCRIBE HOW I	NJURY OCC	URED						
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	_									
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	- Al home, farm, atre	el, factory, office		28f. LOCATION (Street a City or Town, State)	and Number o	or Rural A	oute Number,					
릴		ICIAN: To the best of my know												
COMPLETED	2 MEDICAL EXAMINE	ER: On the besis of examination	n end/or investigation,	n my opinion, d	eath occured at the	lime, data and place, an	d due to the	ceuse(a)	and manner as at	ated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIE	A / a A	0		29c. LICENSE NUI	MBER			(Month, Day, Year)					
0	rund	J/ Chi	The 1	MV)	1220	128	1 8	30	95					
-	30. NAME AND ADDRESS OF PERSON WH				1000									
	Paul S. Rhodes,	M.D. 1667 C	rofton Cer	nter, C	rofton,	Maryland 2	1114-	1303	3					
	31. DATE FILED (Month, Day, Year)	32. BEQISTRAR'S SIGN	ATURE											
	AUG <b>31</b> 1995	) 0	an - and deal											

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ALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Ì
	OD ATTENDIAL DENCE PARTY The feet seeming the death and death and death and death
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Personal first personal physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, made in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation or minoral manner must be notified at once.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.
. 0	ECEDENT'S NAME (First, Middle, Last)	2 DAY	E OF DEATH

	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / CE		RTMEN FICATI				MENTA	REG. NO.	Ε			
	1. DECEDENT'S NAME (First, Middle, Lat		reman						2. DATE	E OF DEATH	45	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH		9. BIRTHE	PLACE (State or Foreign	
	577-80~6049  90. FACILITY NAME (If not institution, give	1 M 2 F	89	YRS.				1.5 ALS	Ju	ine 6.1		Sour	th Carolina	
Œ.	Chrosvenor		Care Cei	nter		y, town o		ON OF DE	ATH			ITY OF DE		
5	RESIDENCE OF DECEDENT												mery	
DIRECTOR	10e. STATE 10b. COU				TY, TOWN		ION				10d. INSIDE CITY LIMITS?			
	Md. Mot	ntgomery		F	Bethe		. ZIP CODE	E			1 Q. CITIZEN OF WHAT COUNTRY?			
ER/	5721 Grosvenor I	Lane						813				S.A.		
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN	NT EVER IN U.S. ARN							N? (Specify Yea Rican, etc.)	or No-	14. RACE Block	— American Indian, White, etc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES			1 TES				ribuit, trus		Specify	Black	
ETED	15. DECEDENT'S E (Specify only highest gri		16a. OEC	CEDENT'S	S USUAL O	CCUPATIO	ON		168	b. KIND OF BUS	INESS/INDI	USTRY		
LET	Elementary/Secondary (0-12)	College (1-4 or 5	ille i	Do NOT u	work done use retired.)	nemak		g			1/-			
COMPL	17. FATHER'S NAME (First, Middle, Last)				поп	leman				WN	110	me	<u> </u>	
	18. MOTHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)													
TO BE	Unknown  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code)													
ř	Patricia Taylor 2400 Queens Chapel Rd. #114. Hyattsville Md. 20782													
	20a, METHOD OF DISPOSITION  1  Burlat 2 Cremation 3 Re  4  Donation 5 Other (Specify)	emoval from State	20b. PLACE AI	MD DATE	of DISPOS	SITION (Nan	me of		DAT	7E 20c. LOC	CATION — C	City or Tow	vn, State	
	21. SIGNATURE OF FUNERAL SERVICE		North	ern	Virg	inia	Cre	mato					ton, Va.	
	*/1),Q, (	host	, ,,							Frazie			L Home ton,D.C.	
	23. PART I. Enter the diseases of	complications the	at caused the dec	eth. Do									Approximate	
	IMMEDIATE CAUSE (Final	re. List only ohe cau	use on each line.										Interval Between Onset and Desth	
	disease or condition resulting in death)  a. Auto Cardiopulmonory Arrest  Due to (or as a consequence of):												8/26/95	
_	metastatic consideration of Bladder											1992		
5	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
S	CAUSE (Disease or Injury											1993		
CERTIFICATION	that initiated events resulting in death) LAST	_	OR AS A CONSECU	UENCE O	F):									
	PART II Other similiant and it												199>	
PHYSICIAN: MEDICAL	PART II. Other significant conditions	ons contributing to	deeth but not re	sulting	in the ur	nderlying	cause g	iven in F	Part I.	24a. WAS AN A PERFORM			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ED									-	1 TYES 2	NO		COMPLETION OF CAUSE DF DEATH?	
₹									- 1		-		1 WES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER	HOSPITAL:					ACE OF DE	EATH (Che	ick only on	ne)			-	
IXS	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpetient 3 [			rsing Home		sidence (						
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, D		28b. TIM INJ	ME OF JURY	28c, INJU WOR	RK?	1	28d. DES	SCRIBE HOW IN	JURY OCCU	URED		
B ₹	2 Accident Investigation 3 Suicide 8 Could not b	28a BLACE O	OF INJURY — At hom	ne, farm,	street, fec	1 Ye	7	NO	28f. LOC	ATION (Street or	nd Number c	or Rural Ro	vite Number	
ETEO	4 Homicide determined	building,	etc. (Specify)						City	or Town, State)			There is a second	
PLE		YSICIAN: To the beat of												
COMPL	one) 2 MEDICAL EXAM	INER: On the besie of e	xamination and/or in	westigatic	on, in my c	opinion, de	ath occur	ad at the t	time, date	and place, and	due to the	cause(a)	and manner ea stated.	
BE	296. SIGNATURE AND TITLE OF CERTIF	FIER A	^		-		29c. LICE	NSE NUM	BER		29d. DATE	BIGNED (	Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON V		ISE OF DEATH (ITEM	27) (Type	Print)		2	[ [ [	1 3		1 8 7 6 9 5			
	6 B. Potrice	CN TOT I	M	92:	216	000	34.	66	R	29 27	S, N	10	10960	
į	AUG 28 199	15 July	R'S SIGNATUREO	dall										

NOW A SERVICE OF STREET

3. TIME OF DEATH

1 XYES 2 NO

Approximete

Interval Betw

**Onset and Death** 

12 days

5 days

14. RACE — American Indien, Black, White, etc.

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7:57

8. BIRTHPLACE (State or Foreign

Maryland

Baltimore City

10g. CITIZEN OF WHAT COUNTRY?

Specify:

black

9c. COUNTY OF DEATH

USA

REG. NO 2. DATE OF DEATH DAY

September 7,1995

4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 13 1 1 M 2 | F 0 08-25-95 none signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should Heath and Mental Hygiene prior to burial, cremation, or removal. 9s. FACILITY NAME (If not institution, give street end number, 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR Johns Hopkins Bayvien Medical Center Baitimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore City Baltimore FUNERAL 10a. STREET AND NUMBER 10f, ZIP CODE 2050 Linden Avenue 21217 hours after death. Page 6 may be retained by the hospital or attending physician 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yee, specify Cuben, Mexican, Puerto Rican, stc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 NO Specify: В 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 0 none none 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ Michael Bennett Olivia BE Fields notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 pe 20a. METHOD OF DISPOSITION must t 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 Buriel 2 Cremation 3 Ramoval from State
4 Donation 5 A Other (Specify) HOS pital disposal cametary, crematory or other place) Johns Hopkins Bayvier Medical Baltimore, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4940 Eastern the, Baltimore, Md 21224 Johns Hopkins Bayview Medical Center the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such se cerdiac or respiratory errest, ahock, or heart failure. Liet only one cause on each line IMMEDIATE CAUSE (Fine) requires that the death certificate be executed within 24 disease or condition resulting in death) sepsis event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): traumatic pneumonia CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause Enter UNDERLYING prematurity
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury other that initiated events resulting in death) LAST 9 PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? any 1 XYES 2 NO t, of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🕱 UNCERTAIN 🗆 PHYSICIAN: OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has by hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28 is COMPLETED 6 Could not be 4 Homicide Hem 29e. CERTIFIER (Check only one)

A MENCAL EXAMMED, On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner ee stated. FUNERAL within 72 I HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On beele of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED INC. LICENSE NUMBER BE 246156 Maria 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Fields

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

Marcoley

1. DECEDENT'S NAME (First, Middle, Last)

Maria J. Pane

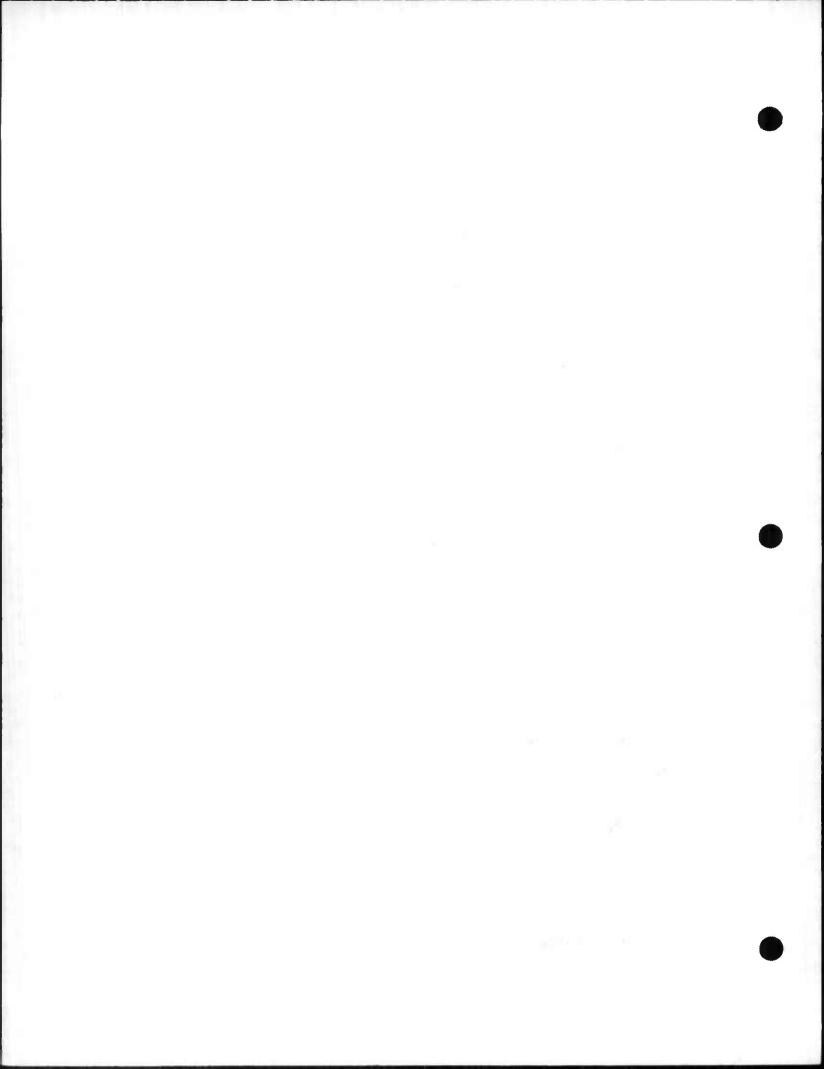
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31. DATE FILED (Month, Day, Year)

M.D.

32. ABGISTRAB'S SIGNATURE

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 29d. DATE SIGNED (Month, Day, Year) september 7, 1995 Johns Hopkins Bayview Medical Center 4940 Eastern Ave. Baltimore, MD DHMH-16 Rev 1/89



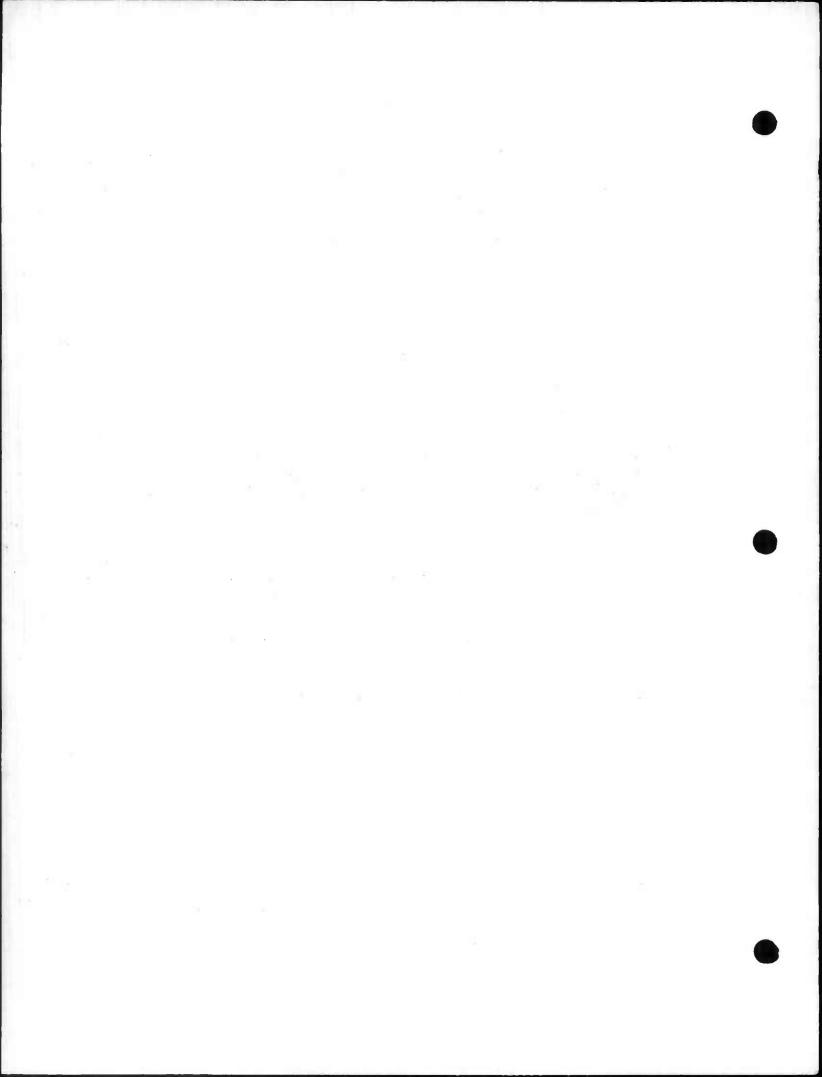
Meltem Tuncbilek, M.D.

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

		1 - FOR STATE REGISTRAR		STATE OF		D / DEPAI CERTIF						HYGIEN				
_		1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF				3. TIME OF DEATH	
		Josephi	ne B	. Fi	tzpatr	ick					Augus	t 22	1995	YEAR	11:58 P.	
		4. SOCIAL SECURITY NUM 232-78-116		5. SEX 1		s. last birthday) 5 YRS.	IF UNDER	1 YEAR DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF (Month, D	ey, Yber)	1920	a. BIRTH Count WV		
3 should		9a. FACILITY NAME (If not i	institution, give stre	et and number)			9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUN			
2	DIRECTOR	Union Memo		spital			I	Balt	imor	e			Bal	timo	ore	
ges 1,	1 55	10a. STATE	10b. COUNTY			10c. Cl	TY, TOWN (	OR LOCA	TION						10d. INSIDE CITY	
permit, Pages	2	MD	A1	legany		R	awlir	ngs							LIMITS?	
	FUNERAL	10e. STREET AND NUMBER						10	H. ZIP COD				112		VHAT COUNTRY?	
an. ransit	Ä	Rt 3 Box							215				L	U.S.	Α.	
215-0020 attending physician. use as the burial-transit	BY FUI	11. MARITAL STATUS  1 Never Merried 2   3 Widowed 4 Div	Merried		NT EVER IN U.S 1 TYES 2 WAR OR DATES	XNO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes it yes, specify Cuben, Maxican, Puerto Ricen, etc.)  1  YES 2 (X NO Specify:					or No-	Spec	E — American Indien, k, White, etc. hite		
1215-0	0	15. DE:	CEDENT'S EDUCA	TION	16e	16e. DECEDENT'S USUAL OCCUPATION						ND OF BUS	SINESS/IND		nice	
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	Elementary/Secondary (		College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.)  Homemaker  Own Home										
AND the hospita detached	COMPL	17. FATHER'S NAME (First, I	Middle, Last)			Homem	GIC I		18. MOT	HER'S NAI	ME (First, Mide					
8 8 6 Z	ш	Joseph W		colm						eigh	Smi		durrerrier			
MAR retained 5 should	) BE	190. INFORMANT'S NAME (				196. MAJLIN	G ADDRESS	S (Street			loute Number,	City or Tow	n, State, Zip	Code)		
be reft		Chee Che	e Mil	ler		Rt	3 Box	c 10	4	Raw:	lings,	MD	2155	7		
IMORE, Page 6 may be Il director, page		20a. METHOD OF DISPOSITE 1 X Burlai 2 Cremati 4 Donetion 8 Other	on 3 Ramov	al from State	cemeters	ceand date	other place!			t 26	0ATE		CATION - C		wn, State	
BALTIMOR  ser death. Page 6 may  the funeral director, p  val.		21. SIGNATURE OF FUNE		G	Dawi	<u> </u>	22.	NAME A	ND ADDRE	SS OF FAC				110		
BAI or dea		XIII	ia Kat	tul			85	So So	uth 1	Main	Stree	t K	eyser		26726	
in by remo			raliure. Li	mplications the	st caused the use on each	desth. Do line.	not anter	tha me	ode of dy	ring, suct	n ss cardie	or respi	iretory sm	est,	Approximate Interval Between	
tely fill mation		immediate Cause (Final disease or condition resulting in death)  Renal Failure												10 Days		
8 0 3 0		DUE TO (OR AS A CONSEQUENCE OF):											2 Weeks			
X 78 _ E	RTIFICATION	Sequentially list conditions,  Due To (OR AS A CONSEQUENCE OF):									re-rulonary Edema					
ate be e prior to prior to	CAT	if sny, lesding to imme cause. Enter UNDERLY	ING		Failure							2 Months				
certificate ding physical dygiene pri	Ē	CAUSE (Disease or injusted events		SEQUENCE OF):							- 130110112					
T = 5 = 0		resulting in dasth) LAS	d.	eart D	rt Disease, Vascular Disease								5 Years			
0 2 3	AL C	PART ii. Other aignific	ant conditions	contributing to	o death but n	ot resulting	in the un	nderlyin	g cause	givan in	Part i. 24	a. WAS AN		24b	WERE AUTOPSY FINDINGS	
that the by the and the and I	S	Hypertens										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
AL RECOKD  Flaw requires that the has been signed by it Dept, of Health and N  23 shows any Ini	MEDIC	_Perpheral	Vascul.	ar Dise	ase,Ce	rebrov	ascu	lar	Acci	dent	_   '	1123 2	TV HO		OF DEATH?	
taw rec	ä															
VIIAL AN: The law inficate has I State Dept		25. WAS CASE REFERRED TEXAMINER?		OSPITAL:					LACE OF D	DEATH (Chi	ck only one)					
VIAN: or the	YSI	1 TYES 2 NO		X Inpatient 2	☐ ER/Outpatien	n 3 🗆 DOA	4 Nun		ne 5 🗆 R	seldenca	6 🗆 Other (S	pecify)				
HYSIC PHIS CE WITH IT	H.	27. MANNER OF DEATH 1 X Natural 5	Beading	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. Til	JURY		JURY AT ORK?		28d. DESCR	BE HOW I	NJURY OCC	URED		
NG PHYS After this easth with	B	2 Accident	Pending Investigation				М		YES 2	NO						
ON ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his bours after death with the State of them 28 is marked, or them	I III	3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE 0 building	of Injury — A , etc. (Specify)	t home, term,	street, tect	treet, tectory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								
OR AT DIRECT HOURS STILL	<u> </u>	29e. CERTIFIER														
목 국 자 =	1 2 1	(Check only	TIFYING PHYSICIA												) and manner ae atated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72	8	29b. SIGNATURE AND TITLE					, we may b	, m. 1011, 1				, prace, en				
표를	96	M 9-		11						2438			1-7-		(Month, Day, Year)	
<b>₽₽3</b>	임	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAU	JSE OF DEATH	(ITEM 27) (Typ	n. Print)	-		50			Aug	ust	23, 1995	

Union Memorial Hospital Baltimore, MD



3. TIME OF CEATH

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

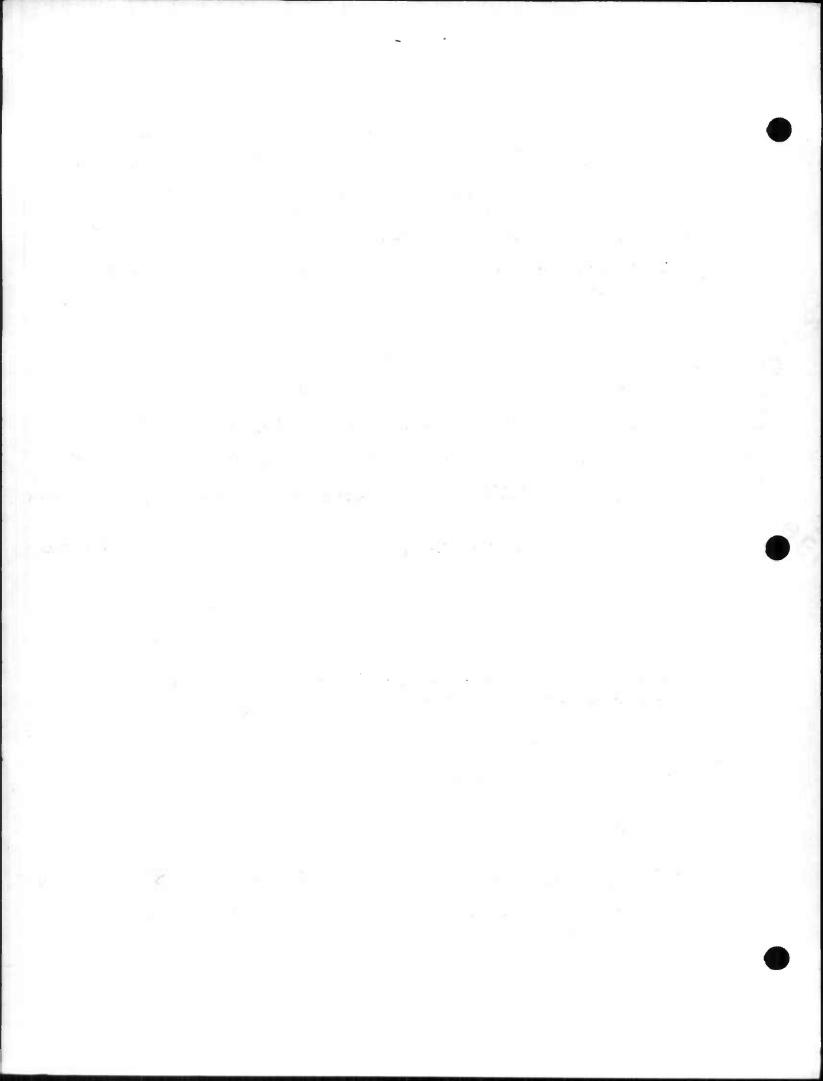
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2. DATE OF DEATH MONTH YEAR **GEORGE FORD** SEPTEMBER 1995 3:00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) HOURS 1 M 2 F Marylan 217 - 36 - 9163 YRS. be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH PRINCE GEORGE Prince DIRECTOR Georges heverly 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION MARY A NO. 1 YES 2 NO AGUASCO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22910 GUASON 20602 retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puarto Rican, atc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, DIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Skilled unstruction once. 17. FATHER'S NAME (First, Middle, Last) Albert notified at 010 Jessie BE funeral director, page 5 should 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town 2 George To 20608 hours after death. Page 6 may be Pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City Town, State must Resurrection place) Cem 4 Donation 6 Other (Specify) examiner 21. SIONATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Funeral filled in by the fi 20608 4dams medical 23. PART I. Enter the cheeses, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory sheet, shock, or mean failure. Liet only one cause on each line. Approximate Interval Between Onsat and Death IMMEDIATE CAUSE (Final the cremation, disease or condition resulting in death) GP515 DAYS been signed by the attending physician and completely of Health and Mental Hygiene prior to burial, crematile event, DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST 10 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMILABLE PRIOR TO any ANTENOSCIENTIC CARBIOVASCULAR DISENSE COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO shows a CANUTIONE LEFT Great to e 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN ME PHYSICIAN: DIRECTOR: After this certificate has b hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL:
Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Realdence 6 | Other (Specify) 1 YES 2 NO 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 20c. INJURY AT WORK?
1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation BY 2 Accident ATTENDING 26a. PLACE OF INJURY — At home, Ierm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be COMPLETED 4 Homicide 28 Hem 29a. CERTIFIER

(Chank only)

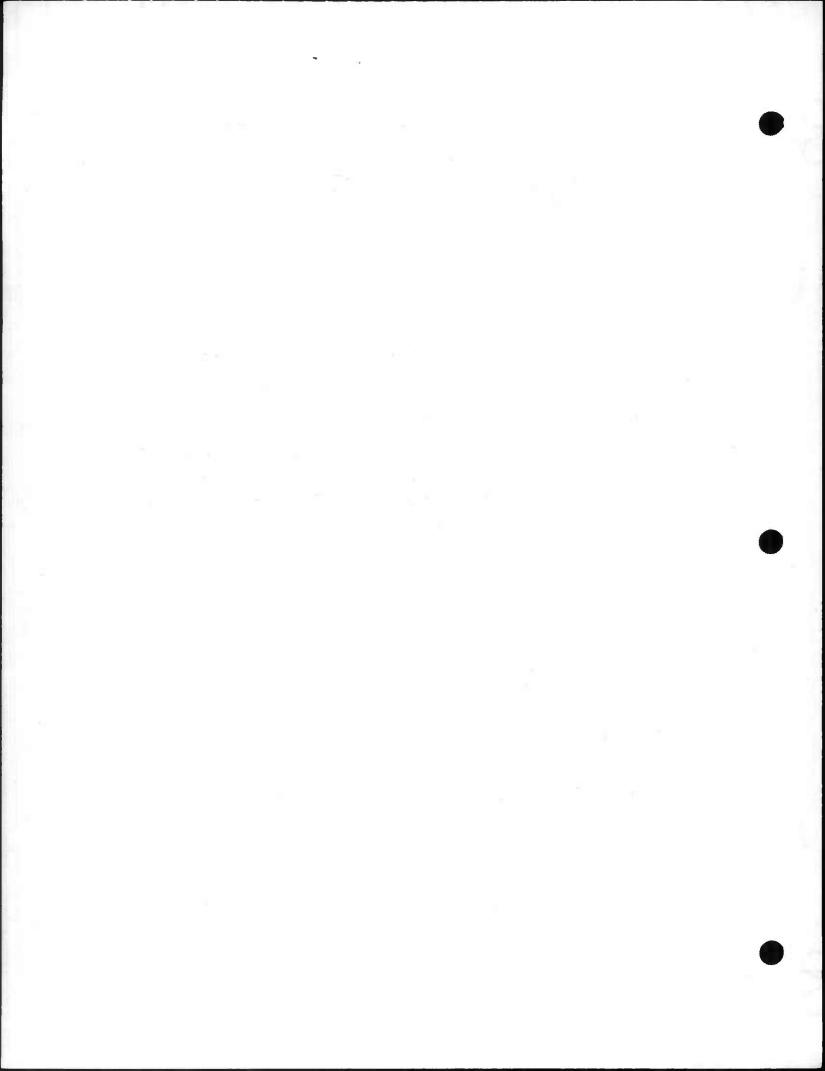
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 HORMANT: It IN (Check only one) 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MA 4203 QUEENSBUTY Rd Hyattaille MD 20181 32. REGISTRARYS SIGNATURE
JULIA O RUBLION ROBOLL 31. DATE FILED

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit permit. Pages 1, 2 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR.	THE FUNERAL DIRE	filed within 72 hours	APORTANT: If Item

					30 20100							
	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPART	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.								
Г	1. DECEDENT'S NAME (First, Middle, Last)  A	gnes FLANA BAI		2. DATE OF DEATH MONTH DAY HUGUST 23	YEAR 2.15 M							
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M	2 IA F 09 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH July 3, 192	6 8. BIRTINPLACE (State or Foreign Country) Nebraska							
TOR	SOUTHERN MAY MAY TRESIDENCE OF DECEMENT		96. CITY, TOWN OR LOCATION OF DE	EATN 9	PRINCE GEOLGE							
DIRECTOR	10a. STATE 10b. COUNTY  Maryland Anne Aru		town or Location		10d. INSIDE CITY LIMITS? 1 YES 2 X NO							
FUNERAL	100. STREET AND NUMBER 102 4th Street		10f. ZIP CODE 2071.1		og. CITIZEN OF WHAT COUNTRY?							
8≺	1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 NO S, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	No 14. RACE American Indian, Black, White, atc. Specify: White							
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College	(Give kind of wo life. Do NOT use	SUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUSINE	ESS/INDUSTRY							
COMPLET	17. FATNER'S NAME (First, Middle, Last)	Homemake		Domestic  ME (First, Middle, Meiden Sun	/ Own Home							
BE C	Frank Miller			Bradley								
2	19a. INFORMANT'S NAME (Type/Print)  Kathleen Cox		ADDRESS (Street and Number or Rural I e Lane — Post Office									
	24 METHOD OF DISPOSITION 14 Surial 2 Cremetion 3 Removal from		DISPOSITION (Name of	-	ION — City or Town, State							
	4 Donetion 5 Other (Specify)		tery - August 25	1995 Temp1	leville, Maryland							
	▶William L. King Jr	Joh, 49 (	Fellows Funera									
	23. PART I. Enter the diseases, or complicet	ons that caused the death to no	1370 Cypress St	reet, Milli	ngton, Maryland							
	ahock, or heart fellure. List only  IMMEDIATE CAUSE (Finel	one cause on man in	1		Interval Between Onset and Death							
	disease or condition resulting in death)	INPHYSEMA	<i>†</i>									
z	TO BACCO S MOKING											
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEDUENCE OF)	COULIER									
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A CONSEQUENCE OF)	FAILURE									
	resulting in death) LAST											
AL C	PART II. Other algnificent conditions contribu	uting to death but not resulting in	the underlying ceuse given in	Part I. 24s. WAS AN AUT								
MEDICAL	Left Ventri Cul	er failure, (	ivenery Hea	PERFORMED 1 PES 2	COMPLETION OF CAUSE							
	DID TOBACCO USE CONTRIBUTE			V 🗆	No.							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Prince		OTHER:      Nursing Home   5   Residence	R C Other (December)								
РНУ	27. MANNER OF DEATH 28a.	DATE OF INJURY 25b. TIME (Month, Day, Year) INJU	OF 28c, INJURY AT	28d. DESCRIBE NOW INJU	RY OCCURED							
ВУ	1 Mentural 5 Pending 2 Accident Investigation		M 1 YES 2 ND									
TED	3 Suicide 8 Could not be detarmined	PLACE DF INJURY — At home, ferm, atr building, atc. (Specify)	eet, factory, office	281. LOCATION (Street and I City or Town, State)	Number or Rural Route Number,							
151	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the bast of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
COMP	2 MEDICAL EXAMINER: On the b											
TO BE COMPLETE	2 MEDICAL EXAMINER: On the b	tlending Phy	Vician D125	87 29	8-23-1995							
BE	29b. SIGNSTURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WND COMPLETED.  G. S. R.A. I. H.	tlending Phy TED CAUSE OF DEATH (ITEM 27) (Type, F TC CENHA	Vician D125	STOFFICE	RD WALDERF							
BE	29b. SIGNSTURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WND COMPLETED.  G. S. R.A. I. H.	tlending Phy	Hiciary D125	STOFFICE	RD WALDERF							



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CLI	TIFICA	AIE U	F DEA	ПП		REG. NO.			
		Robert	Middle, Last)	Leroy			(	GLADH	ILL		2. DATE OF MONTH Augus		Ϋ,	1993	3. TIME OF OEATN 10:35 a.m.
		4. SOCIAL SECURITY NUMBER 215-18-1852	BER	5. SEX 1 🔯 M 2 🗌 F	6. AGE (III	n yrs. lest bir		UNDER 1 YEA	_	MIN.	7. DATE OF (Month, L)	BIRTN Day, Year)		Country,	
pino		9a. FACILITY NAME (If not in		90	9b. CITY, TOWN OR LOCATION OF DEATH				14,	1924   Maryland					
2, 3 should	стов	Avalon Mano	r Home				Hagerstown						Washington		
1,	입 입	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY					c. CITY, TO	WN OR LO	CATION						10d, INSIDE CITY
permit. Pages 1, 2,	DIRE	Maryland	Was	shington			Hagerstown					100	LIMITS?  1 X YES 2 N		
sit peri	FUNERAL	100. STREET AND NUMBER 521 W. Chu	ırch Si	reet			101. ZIP CODE 21740						10g. CITIZEN OF WHAT COUNTRY? USA		
cian. I-tran	<u>Ÿ</u>	11. MARITAL STATUS		12. WAS DECEDENT	FVER IN	IIS ARMED						Casally Voc			- American Indian,
ing physician, the burial-transit	BY FI	1 ☐ Never Married 2 ☐ Married  3 😿 Wildowed 4 ☐ Divorced  FORCES? 1 🕱 YES IF YES, GIVE WAR OR DATI			2 NO If yes, specify Cuban, Maxican, Puarto Rican,						0 100-	Black,	white, etc.		
attendin se as ti	9	15. DEC	EOENT'S EDUC	CATION	-11	16a. DECED					16b. K	IND OF BUS	SINESS/IND		ite
by the hospital or att be detached for use at once.	LET	Elementary/Secondary (0		College (1-4 or 5 +	,	Itte. Do	NOT use reti	ired.)	most of work	ung		railr	hear		
hosp ache	COMPL	17. FATHER'S NAME (First, M				erec	CL IC.	ган							
by the det	5 10	Charles G						uri Mo			erly				
5 should notified	TO B	19a, INFORMANT'S NAME (7	19b. M.	AILING ADD	RESS (Stre	et and Numbe	er or Rural	Route Number,	City or Town	n, State, Zip	Code)				
De S s	=	Sherry Buro	eker			88	08 M	ilwau	ikee I	ane,	Will:	iamsp	ort,	Md.	21795
rs after death. Page 6 may be n by the funeral director, page removal.		20a. METHOD OF DISPOSITI		oval from State	20b.	PLACE AND	DATEOF DIS	SPOSITION	(Name of		DATE	20c. LO	CATION —	City or Tow	rn, State
direct		4 Donation 5 Other			. Н	lagers	town		atory			Hag	erst	own,	Maryland
death. Pag tuneral di examiner		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		~	A		IICH E		CAL HOL	ΜE			
r dea		SCI	NI	YIIL	12	ne	el						rstov	wn. M	ld.21740
Do in			eert feilure.	omplications that List only one cau	ceused se on es	the death ch line.	. Do not e	enter the	mode of dy	ying, suc	h as cardia	c or reapi	ratory arr	reat,	Approximate Interval Batween Onset and Daath
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od within 24 ompletely filli 1, cremation, event, the		resulting in death)		DUE TO	OR AS A	CONSEQUE	NCE OF):			/					UNE WEEK
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iries that the death certificate be executed within signed by the attending physician and completely Health and Mental Hygiene prior to burial, crematit ws any Injury, or other traumatic event, the	CERTIFICATION	If any, leading to immediate										TOO VICEIG			
ysicia prior	S	CAUSE (Disease or Injury													
ertifica ng phy giene other	E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
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has the Dept	AN	25. WAS CASE REFERRED TO	O MEDICAL				-	Ka	BI ACE OF		eck only one)				
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certificertific	PHYS	27. MANNER OF CEATN		28a. DATE OF			b. TIME OF		INJURY AT	Rasidence	8 Other (S		N HIBY OC	CUBED	
OING PHYS After this death with marked	BY PI		Pending Investigation	(Month, Da			INJURY		WORK?	□ NO	200. 0000	115E 11011 II	NSON? OC	SONED	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within za TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the	LED E		Could not be detarmined	28a. PLACE Of building,	etc. (Specif	At home,	term, atroot	, tactory, o	ffica		281, LOCATI City or	ON (Street a Town, State)	and Number	or Rural Ro	ute Number,
OR A DIREC hours	<u> </u>	29a. CERTIFIER	IEVINO BUVOI	NAM: Ye she hand of	en la esta										
HOSPITAL FUNERAL I WITHIN 72 h	COMPLI			CIAN: To the best of ax											and manner as stated.
F F B	u li	29b. SIGNATURE AND TITLE	OF CERTIFIER	-013			100		29c. LIC	CENSE NU	MBER		29d. DAT	E SIGNED (	Month, Day, Year)
TO THE HOSPIT TO THE FUNERA DE filed within 7	0	4	Jours	1		1	M)		040	199	6		PAU	gust	31,1995
		30. NAME AND ADDRESS OF ZAFAR M	AUK	203//	E OF DEA	PPA	(Type, Print	Ro	Boo	NSK	soro	1	10	217	13
		31. DATE FILED (Month, De SEP	1 1995	July: Ma	S SIGNA	Rod	ut.							17	
l l		SEP	T 1999	June 10 11	W. S. S. S. S. S. S. S. S. S. S. S. S. S.		7.8								

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FOR STATE REGISTRAR

214-09-6908

Maryland

11. MARITAL STATUS

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10e. STREET AND NUMBER

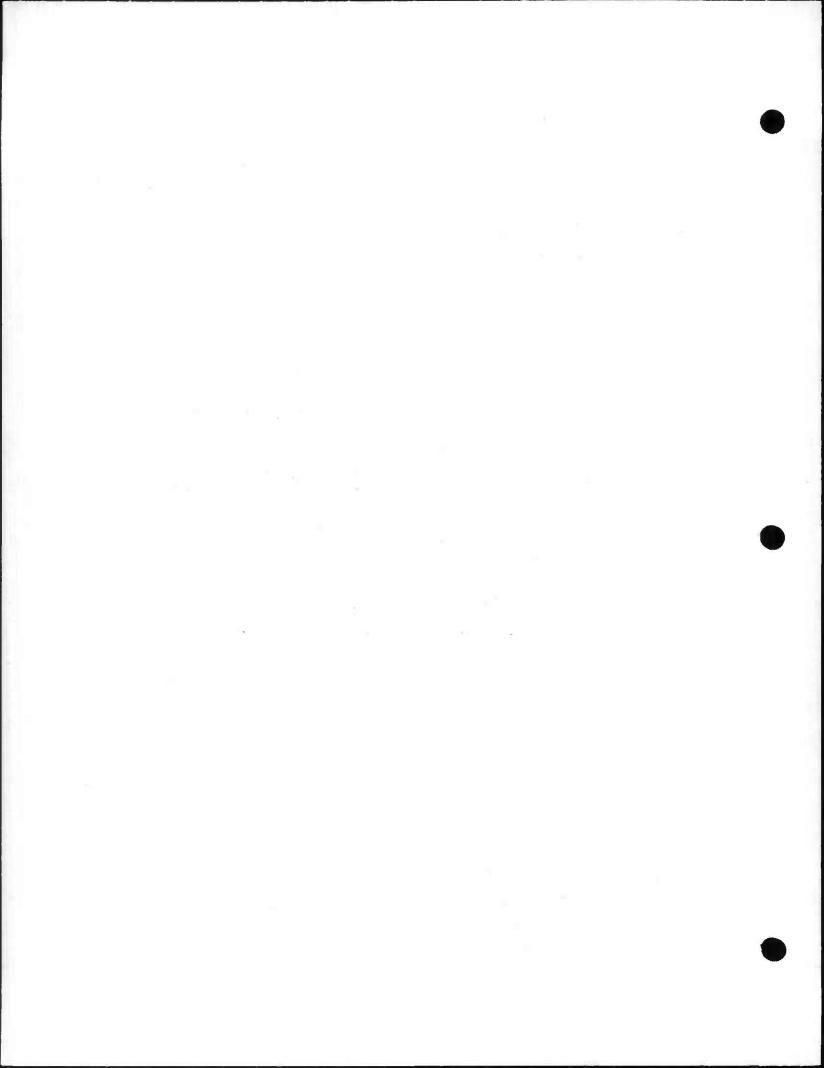
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After	be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 1995 Ray Harold GRIMM august 0959 AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Ybar)
June 12,1913 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 1 X M 2 - F 82 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Washington County Hospital Washington Hagerstown RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Washington Hagerstown 1 YES 2 X NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 312 Chartridge Drive 21742 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 TNO Specify: white 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) sheet metal worker aircraft 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) James Walter Grimm Edith L. Stouffer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 312 Chartridge Dr. Hagerstown. Maryland 21740

F	Donna Shoop	3	312 Chartridge Dr., Hagerstown, Maryland 21740											
	20e. METHOD OF DISPOSITION  1 XBuriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	cemetery, cre-	AND DATE OF DISPO matory or other place Haven		9-2-95		cation - cit		State ryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  CONTINUE  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nnuel		NAME AND ADDRE	UNERAL		erstow	n,Md.	21740					
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloroscleros op:  Chloro													
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO  1 YES 2 MO													
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PHYSICIAN:	EXAMINER? HOSPITAL:	☐ ER/Outpatient 3	E OF DEATH (Chec		nsidenca 6 🗆 Ot	her (Specify)								
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	F INJURY Day, Year)	26b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2		ESCRIBE HOW	NJURY OCCUP	RED						
	3 Suicide 8 Could not be 4 Homicide datermined	OF INJURY — At hor I, atc. (Specify)	me, farm, atreet, fe	28f. LC	OCATION (Street by or Town, State)	and Number or	Rural Route	Number,						
COMPLETED	29s. CERTIFIER (Check only One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
SE O	29b-BIONATURE AND TITLE OF CENTIFIER	290. DALE SIGNED (MONTH, DIEV. 1881/)												

LETED CAUSE OF DEATN (ITEM 27) (Type, Print)



Street

DHMH-16 Rav 1/89

A 16-7-7
31. DATE FILED (Month, Day, Year)

C

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR		STATE OF N	MARYLA							MENTA		E		
	1. DECEDENT'S NAME (First,	, Middle, Lest)													3. TIME OF DEATH
		SAMUEL	GIFFT	[							-		-		1316"
				6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BHRTH 8. BHR (Month, Day, Year) Cou								B. BIRTHI	PLACE (State or Foreign		
		-2		85	<u> </u>	YRS.		UNIO	HOOMS	MIN.	OCI	19,	1909	MA	RYLAND
OR	WASHINGTON	COUNT		ral.			9b. CITY,								NGTON
[ [						100 017	V TOWN O	B 1 000	TION						
I I			WASHING	MOT		10c. G1	T, IOWN O			TAMA					10d. INSIDE CITY LIMITS?
1	10e. STREET AND NUMBER		WILDITING	31014	101. ZIP CODE										1 X YES 2 NO
ER/	11 WEST BAI	TIMORE	STREET	. APT	r. 714 217					40				U.S.A.	
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARI	MED		f yes, sp	ecity Cub	OF HISPAN en, Mexice	NIC ORIGIN? (Specify Yes or No- 14, RAC an, Puerto Rican, etc.)			14. RACE Black,	- American Indian, White, atc.
	3 Widowed 4 Divo	rced							2 22 110	opecity	•			Specin	WHITE
	15. DECI (Specify only	EDENT'S EDUCA highest grade co	ATION ompleted)		(Gh	(Give kind of work done during most of working					.16	b. KIND OF BU	SINESS/INDL	STRY	
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M.		iddle ( eet)			_	'1						RAILROAD			
00					196										
일	EDITH GLOSS	S													21756
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	21. SIGNATURE OF FUNERAL	L SERVICE LICE	NSEE				22. P	NAME A	ND ADDRI	SS OF FAC	YTLIK	7606	014	Mati	onal Diko
	1 aul/	n-Kle	ar									Boon	sboro	, MD	
	anock, or heart failure. List only one ceuse on each line.														
	IMMEDIATE CAUSE (Float											Onset and Death			
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စ်	Sequentially list conditions,    Heavy leading to immediate   Due to (or as a consequence of):														
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8	Wh	TA									1				
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALLS	E OF DEAT	TH (ITEN	27) (Tvp=	Print)		De	1623			174	545	30, 1995
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO	TATE REGISTRAR  1. DECEDENT'S NAME (First, WALTER 4. SOCIAL SECURITY NUMBER 213-12-781 9a. FACILITY NAME (If not in WASHINGTON RESIDENCE OF DEC 10a. STATE MARYLAND 10a. STATE MARYLAND 10b. STREET AND NUMBER 11 WEST BAI 11. MARITAL STATUS 1 Never Married 2 Disording (in Maryland) 2 Wildowed 4 Divo 15. 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DECEDENT'S NAME (First, Middle, Last)  WALTER SAMUEL  4. SOCIAL SECURITY NUMBER  213-12-7812  9a. FACILITY NAME (If not institution, give sim  WASHINGTON COUNTY  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MARYLAND  10e. STREET AND NUMBER  11 WEST BALTIMORE  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUCY (Specify only highest grade of Elementary/Secondary (0-12)  6 (T. FATHER'S NAME (First, Middle, Last)  MAYBERRY GIFFT  19a. INFORMANT'S NAME (Type/Print)  EDITH GLOSS  20a. METHOD OF DISPOSITION  1 M Burlet 2 Cremetton 3 Removed  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE (ICE)  WASHINGTON COUNTY  AND COUNTY  MAYBERRY GIFFT  19a. INFORMANT'S NAME (Type/Print)  EDITH GLOSS  20a. METHOD OF DISPOSITION  1 M Burlet 2 Cremetton 3 Removed  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE (ICE)  WASHINGTON COUNTY  AND COUNTY  MAYBERRY GIFFT  19a. INFORMANT'S NAME (Type/Print)  EDITH GLOSS  20a. 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FACILITY NAME (If not Institution, give street and number)  WASHINGTON COUNTY HOSPIT  RESIDENCE OF DECEDENT  10b. COUNTY HOSPIT  RESIDENCE OF DECEDENT  11b. MARYLAND  WASHING  11 WEST BALITIMORE STREET  11 MARTAL STATUS 10c. STREET AND NUMBER  11 WEST BALITIMORE STREET  11b. 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DECEDENT'S NAME (PPL, Mickob, Least)  WALTER SAMUEL GIFFT  1. SOCIAL SECURITY NAME (PR of Intelligible)  1. SEX 21.3-12-7812  1. SEX 21.5 P 85 VRS.  WOOTIS DATE DOORS  21.3-12-7812  1. SEX 21.5 P 85 VRS.  WOOTIS DATE DOORS  WASHINGTON COUNTY HOSPITAL  MESIDENCE OF DECEDENT  MARYLAND  WASHINGTON HAGEN  100. STREET AND NUMBER  11. WEST BALTIMORE STREET, APT. 71.4  11. MARYLAND  11. WASHINGTON  11. WEST BALTIMORE STREET, APT. 71.4  11. MARYLAND  12. WAS DECEDENT'S USUAL OCCUPATION (FV S. GIVE WAN ON DATES)  13. WIS DECEDENT'S USUAL OCCUPATION (FV S. GIVE WAN ON DATES)  14. DECEDENT'S USUAL OCCUPATION (FV S. GIVE WAN DOORS)  15. DECEDENT'S USUAL OCCUPATION (FV S. GIVE WAN DOORS)  16. DECEDENT'S USUAL OCCUPATION (FV S. GIVE WAN DOORS)  17. TATHER'S NAME (Pys. Mickob, Lat.)  MAYBERRY GIFFT  18. MAILING ADDRESS (Steek and Number)  21. SOUNDSON'S CONSTITUTION (FV S. GIVE WAN DOORS)  22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dy shook, or heart failure. List only one cause on each line.  MIMEDIATE CAUSE (Fined diseases or conditions.  18. WAS CASE REFERRED TO MEDICAL Examiners)  19. SOUNDSON'S CONSTITUTION (FV S. GIVE WAN DOORS)  25. WAS CASE REFERRED TO MEDICAL Examiners  19. SOUNDSON'S CONSTITUTION (FV S. GIVE WAN DOORS)  26. METHOD OF DISPOSITION (FV S. GIVE WAN DOORS)  27. MANUARD OF DISPOSITION (FV S. GIVE WAN DOORS)  28. METHOD OF DISPOSITION (FV S. GIVE WAN DOORS)  29. MAILING ADDRESS (Steek and Number)  20. PLACE AND DATE OF DEATH (FV S. GIVE WAN DOORS)  20. METHOD OF DISPOSITION (FV S. GIVE WAN DOORS)  21. WEST BALL OCCUPATION (FV S. GIVE WAN DOORS)  22. MALE AND ADDRESS (Steek and Number)  23. MAILING ADDRESS (Steek and Number)  24. DOORS (FV S. GIVE WAN DOORS (FV S. GIVE WAN DOORS (FV S. GIVE WAN DOORS (FV S. GIVE WAN DOORS (FV S. GIVE WAN DOORS (FV S. GIVE WAN DOORS (FV S. GIVE WAN DOORS (FV S. GIVE WAN DOORS (FV S. GIVE WAN DOORS (FV S. GIVE WAN DOORS (FV S. 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SOCIAL SECURITY NUMBER  5. SEX  21.3 – 1.2 – 78.12  8. MODEL SECURITY NUMBER  5. SEX  21.3 – 1.2 – 78.12  8. MODEL SECURITY NUMBER  5. SEX  21.3 – 1.2 – 78.12  8. MODEL SECURITY NUMBER  5. SEX  21.3 – 1.2 – 78.12  8. MODEL SECURITY NUMBER  7. SECURITY NUMBER  8. SEX  8. AGE (Fir yet, bast 2010/05)  9. CITY, TOWN OR LOCATION OF DEATH  HAGERSTOWN  10. STREET AND NUMBER  11. WASHINGTON COUNTY HOSPITAL  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  11. WASHINGTON  12. DECEMBER SOUCH OF BELL SECURITY FOR HU IS, ANNEED  11. WASHINGTON  12. DECEMBER SOUCH OF BELL SECURITY FOR HU IS, ANNEED  11. WASHINGTON  12. DECEMBER SOUCH OF BELL SECURITY FOR HU IS, ANNEED  12. DECEMBER SOUCH OF BELL SECURITY FOR HU IS, ANNEED  13. DECEMBER SOUCH OF BELL SECURITY FOR HU IS, ANNEED  14. DECEMBER SHAME (FIRST, MODEL, LAST)  15. 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3. TIME OF DEATH

Pennsylvania

14. RACE — American Indian, Black, White, etc.

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10g. CITIZEN OF WHAT COUNTRY?

Bc. COUNTY OF DEATH

USA

20c. LOCATION - City or Town, State

Smithsburg, Maryland

8:00Pm

19/01

INSIDE CITY

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Approximata Interval Betw

Onset and Death

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17,1917

16b. KIHD OF BUSINESS/INDUSTRY

24a. WAS AN AUTOPSY PERFORMED?

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DATE

2. DATE OF DEATH

7. DATE OF BIRTH

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY HUMBER

31. DATE FILED (Month, Day, Year)

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5. SEX

DIVISION OF VITAL

214-09-5210 78 1 M 2 X F 9a. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Coffma RESIDENCE O ursing tome 304 DIRECTOR 10e. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION Washington Maryland Hagerstown permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 115 King St. 21740 use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO 13. WAS DECEMDENT OF HISPANIC DRIGIN? (Specify Yea or Holif yes, specify Cuben, Maxican, Puerto Rican, etc.) ID 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 THO Specify. BY 3 X Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL DCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high ğ ntary/Secondary (0-12) College (1-4 or 5+) 10 Nurse detached 17. FATHER'S HAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Ethel Bell Kreps Frank Thomas Spigler 2 BE notified funeral director, page 5 should 19a, IHFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nancy J. Lewis 19107 Bonnie Briar Lane Hagerstown, MD 21740 9 20b. PLACE AND DATE OF DISPOSITION (Name of must Smithsburg Crematory 9/2/95 4 Donation 5 Other (Specify) 22. HAME AND ADDRESS OF FACILITY OSborne Funeral Home examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 425 S. Conococheague St. Williamsport, MD filled in by the fion, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final npletely filled cremation, the disease or condition resulting in death) RENAL FALLURE
DUE TO (OR AS A CONSEDUENCE DE): event, D00 and con burial, DEMENTIA.
DUE TO (OR AS A CONSEDUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury 8 inding physician DUE TO (OR AS A CONSEDUENCE OF): prior ACCIDENTS. that initiated events resulting in death) LAST 6 the atter PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by t amy t. of PHYSICIAN: has be Dept. L OR ATTENDING PHYSICIAN; The law DIRECTOR; After this certificate has b hours after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ome 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY 20c. INJURY AT NA WORK? 28b. TIME OF INJURY marked, 10/7 Natural NA BY 2 Accident 28e. PLACE DF IHJURY - At home, farm, street, factory, office 3 Suicide - 90 COMPLETED 6 Could not be 4 Homicide 28 item 29a. CERTIFIER LETTIFYIND PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as atated. THE HOSPITAL C THE FUNERAL D filed within 72 h TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On this basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 8365 0 30. NAME AND ADDITES OF PERSON WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print) 368 MILLS HAGE RETOWN TRE 21740

SZ. BEGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

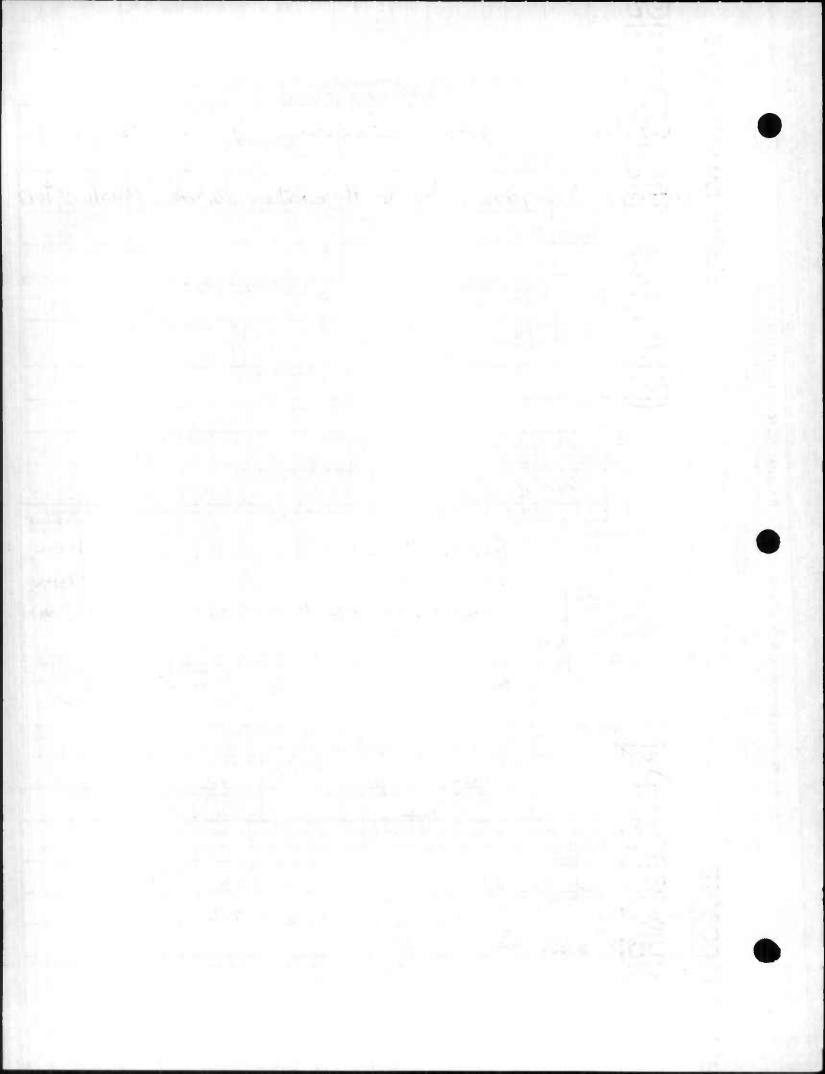
IF UNDER 1 YEAR

REGG

IF UNDER 24 HRS.

da

24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 9.2.95 DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	1. DECEDENT'S NAME (First,	Middle, Last)		0 0		)		A 11		2. DATE OF DEATH DATE OF	AY	YEAR 3	TIME OF DEATH
		JOSEPH	1 12	ICHA		) (9	EEL	WI	CK3	5	sept 1	1 19	995	1405 1"
		4. SOCIAL SECURITY NUMBER				n yrs. leat birt	MONTH	DER 1 YEA		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHPL Country)	ACE (State or Foreign
Pin		214-32-4759		1 XM 2 □ F		51 Y	ras.				May 18,19			ryland
3 should	æ	9a. FACILITY NAME (If not ins					9b. C		erstov		NTH .		hingt	
1, 2,	DIRECTOR	Washington		поѕртта	<u> </u>			пау	ersio	W11		Was	ningi	Oli
Ses	E C	10a. STATE	10b. COUNTY			10	e. CITY, TOW	N OR LO	CATION			-	16	Dd. INSIDE CITY
۳.	5	Maryland	Wa	shington			Hager	stow	n				,	LIMITS?
E E	AL I	10e. STREET AND NUMBER							10f. ZIP CODE	E		10g. CITI	ZEN OF WHI	AT COUNTRY?
physician. burial-transit permit. Pages	FUNERAL	11345 Rock							217	740			USA	
ysicia rial-tr	5	11. MARITAL STATUS  1 Never Married 2 1		12. WAS DECEDENT FORCES? 1	EVER IN	U.S. ARMED		13. WAS E	ECENDENT O	F HISPANI	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No-		- American Indian, Vhits, atc.
pe ph be bu	BY	3 Widowed 4 Divon		IF YES, GIVE WA	R OR DA	TES		1 🗆 Y	ES 2 NO	Specify:	, , , , , , , , , , , , , , , , , , , ,		Specify:	White
the hospital or attending physician, detached for use as the burial-tran once.	ED	15. DECE	DENT'S EDUC	ATION		16a DECED	ENT'S USUAL	OCCUP	TION		16b. KIND OF BUS	1	HOTEN	WITTE
or at	ETE		highest grade c	ompleted)		(Give ki		ne during	most of working	ng	166. KIND OF BUS	SINE 33/INU	USTRY	
spital ned fo	PL	10	(2)	College (1-4 or 5+)		Supe	rviso	r			Chemica	Man	ufact	ure
the hospital detached once.	COMPL	17. FATHER'S NAME (First, Mid	idle, Lest)			0.00			18. MOTE	HER'S NAM	E (First, Middle, Maiden		u.co.	di e
# 5 E	BE C	Joseph	F	rancis		Gelwi	cks			Ruth	Raye		Ru	ımmel
retained 5 should notified	TO B	19a. INFORMANT'S NAME (7)	pe/Print)		-	19b. M/	ULING ADDR	ESS (Stree	et and Number	or Rural Ad				
y be retained by age 5 should be be notified at	F	Lois E.Gelwicks 11345 Rock Hill Rd. Hagerstown, MD 21740											740	
may be		20a, METHOD OF DISPOSITIO	ON Remov	rei from State	20b.	PLACE AND	DATE OF DISP	OSITION	(Name of		DATE 20c. LO	CATION (	City or Town	, State
director, p		Cemeter, crematory or other (Specify)   Cedar Lawn Memorial Park Sep.5, 1995   Hagerstown, MD 21740												
death. Pag tuneral dii L examiner	- 1	21. SIGNATURE OF FUNERAL SERVICE LITERATE  22. NAME AND ADDRESS OF FACILITY  OSBORNE FUNERAL HOME P.O.Box # 348												
		11/0/0	71/15	Wen_							D 21795	.0.00	'A 11 J	740
d in by the or removal	Ti	23. PART I. Epper the dis	easea, or co	mplications that	caused	the death.	Do not en	er the r	node of dyi	ing, such	as cardiac or reapi	ratory arm	est,	Approximate
filled in on, or r		IMMEDIATE CAUSE (Fina	art failure. Li	lat only one caus	e on as	ich line.								Interval Between Onset and Death
		disease or condition			0	nad	OU							7
completely ial, cremati	i	resulting in death)		DUE TO (	OR AS A	CONSEQUEN	ICE OF):	10						June
executed and com to burial, matic ev	Z	Consentative Heat consents	b.											
e be executivician and corrior to buriantic	CERTIFICATION	Sequentially list condition if any, leading to immediately	iate	DUE TO (	OR AS A	CONSEQUEN	ICE OF):							
physician ne prior to	5	CAUSE. (Disease or Injury  CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):												
eath certificat attending phystal Hygiene p	Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
attend attend attend my, or	S	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
that the death ed by the atten th and Mental I any Injury, o	4	PART II. Other algnifican	t conditiona	contributing to d	laath bu	it not reaul	ting in the	underly	ing cause g	given in P	art i. 24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
signed by Health ar	EDICAL	Ten	5)	LIU	ev	- ,	1-8	UL	sue		1 YES 2		CC	OMPLETION OF CAUSE
requires sen sign of Heal	ME										_		- 1	YES 2 NO
2 2 2 2		DID TOBACCO US		BUTE TO CAL	_					ERTAIN				
SICIAN: The la certificate has the State Dep t, or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	2	6. PLACE OF	DEATH (Che		e)					
CLAN: ertific the S	ΥS	1 TES 2 NO		1 Inpetient 2 🗆			OA 4 🗆 N	lursing H		sidence 6	☐ Other (Specify)			
NG PHYSI fter this c eath with marked,		27. MANNER OF DEATH  1 Notural 5 P	ending	26s. DATE OF II (Month, Day		26	INJURY	1	NUMBER AT		28d. DESCRIBE HOW IS	MINIA OCC	URED	
After death	ĕ I	2 Accident in	rvestigation	28a. PLACE OF	IN HIDV		form, street, f	1	YES 1 _			-		
TTEND TOR: / after d			ould not be etermined	building, at		(y)		actory, C			261. LOCATION (Street a City or Town, State)	ind Number	or Rurill Hout	la_Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	PLETE	29a. CERTIFIER												
R Z Z	₹ I										the cause(a) end men			
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: #	COM	290. SIGHAPOPE AND TAXE		C. T. C. O. D. SEC. OF BASE	Nomenne	ENGINE IIIVE	uyanon, in m	y opinion			me, data and place, an			
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263₹	9	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEM 27 (April Print)												
		1	PENSON WHO	11 4	OF DEA	119-	10			0	11.1	0		
1		31. DATE FILED (Month, Day, Yell) 32 RECONTRACT SIGNATURE												
(a)		9-SEP9 5 1995 Jahr Studen Rockel												
L		/ 961/	4 100	· O						<u>.                                    </u>				

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should see the bear of Mealth and Mental Hydiene prior to burial, cremation, or removal.	
	Pages 1	
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The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physic	etached	
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		1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN							
		1. DECEDENT'S NAME (First, Middle, Last) Katherine E	• Graha	m				30 10	TEAR 910P M					
e Pe		4. SOCIAL SECURITY NUMBER 578-22-2400	1 □ M 2 🛣 F 70	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 MRS. HOURS MIN.			BIRTHPLACE (State or Foreign Country)  Jashington, DC					
1, 2, 3 shor	TOR	98. FACILITY NAME (If not institution, give si Bradford Oaks Nui RESIDENCE OF DECEDENT			96. CITY, TOWN C	OR LOCATION OF D	EATN		e George's					
physician. burial-transit permit. Pages 1, 2, 3 should	DIRECTOR		rles	10e, CIT	y, town or locat Waldorf				10d. INSIDE CITY LIMITS? 1 YES Z NO					
an. transit perr	FUNERAL	3701 Red Bud Cou				2060 2060		U	N OF WHAT COUNTRY?					
the sh	ВУ	11. MARITAL STATUS  1 Merver Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2XX10	It yes, sp	CENDENT OF HISPAL ectity Cuben, Mexico 2 No Specif	NIC ORIGIN7 (Specify Year, Puerto Rican, etc.) ly:		. RACE — American Indian, Black, White, etc. Specify: Caucasian					
6 5	COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEOENT'S (Give kind of life. Do NOT u. Clerk		al Gove	ernment							
d by the hospital iid be detached fo id at once.	BE CON	17. FATHER'S NAME (First, Middle, Last) Walter D. Grahar	m, Sr.		18. MOTNER'S NAME (First, Middle, Maiden Surname) Elsie Mae Turner									
y be retained to bage 5 should be notified	TO	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  The control of Disposition and the control of Disposition and the control of Disposition and the control of Disposition and the control of Disposition and the control of Disposition and the control of Disposition and the control of Disposition and the control of Disposition (Name of Sept. 2, DATE 20c. LOCATION — City or Town, State control of Disposition (Name of Sept. 2).												
death. Page 6 may be a funeral director, page f		XX Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	Co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	onal Cem	etery 1		chinat	on D.C					
after of by the moval.		23. PART I. Enter the diseases, or c	L. Belan	the death. Do	6633	Old Alex	andria Fer	ry Rd	20735					
ted within Z4 hours completely filled in I ial, cremation, or re		shock, or heart failure. I	List only one cause on each	ch line.	v lo	lu /	neumo		Interval Between					
th certificate be executed shding physician and con Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
the d y the nd Me Injur	MEDICAL	PART II. Other algnificent condition	a contributing to death but	t not resulting	In the underlying	g ceuse given in	Part I. 24s. WAS AN PERFOI	RMED2	24b. WERE AUTOPSY FINDINGS AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
N: The law requires icate has been sign State Dept. of Heal Item 23 shows		DID TOBACCO USE CONTR	2		TH (Check only one)	UNCERTAII	N 🗆		1 TES 2 NO					
HYSICIA his certif with the ked, or	PHYSICIAN:	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1   Inpatient 2   ER/Outpet  28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IE OF 26c. INJI		6 Other (Specify)  28d. DE\$CRIBE HOW I	INJURY OCCUR	NED					
L DR ATTENDING P DIRECTOR: After the hours after death Item 28 is mar	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined	28s. PLACE OF INJURY - building, etc. (Specifi	At home, term, (			28f. LOCATION (Street City or Town, State)		Rural Route Number,					
4 4 2 E	COMPLE		CIAN: To the best of my knowless: On the basis of examination						euse(s) and menner as stated.					
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE (	296. JIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	JAP A	Glera	W.C.	D-20	#535		ust 31,1995					
		Laxmi Berwa M.D	7700 010	d Branch	a Avenue	C101 C	linton, Ma	ryland	20735					
		31. DATE FILED SEP 0 6 1995. 32. REMSTRAR'S SIGNATURE Randall												

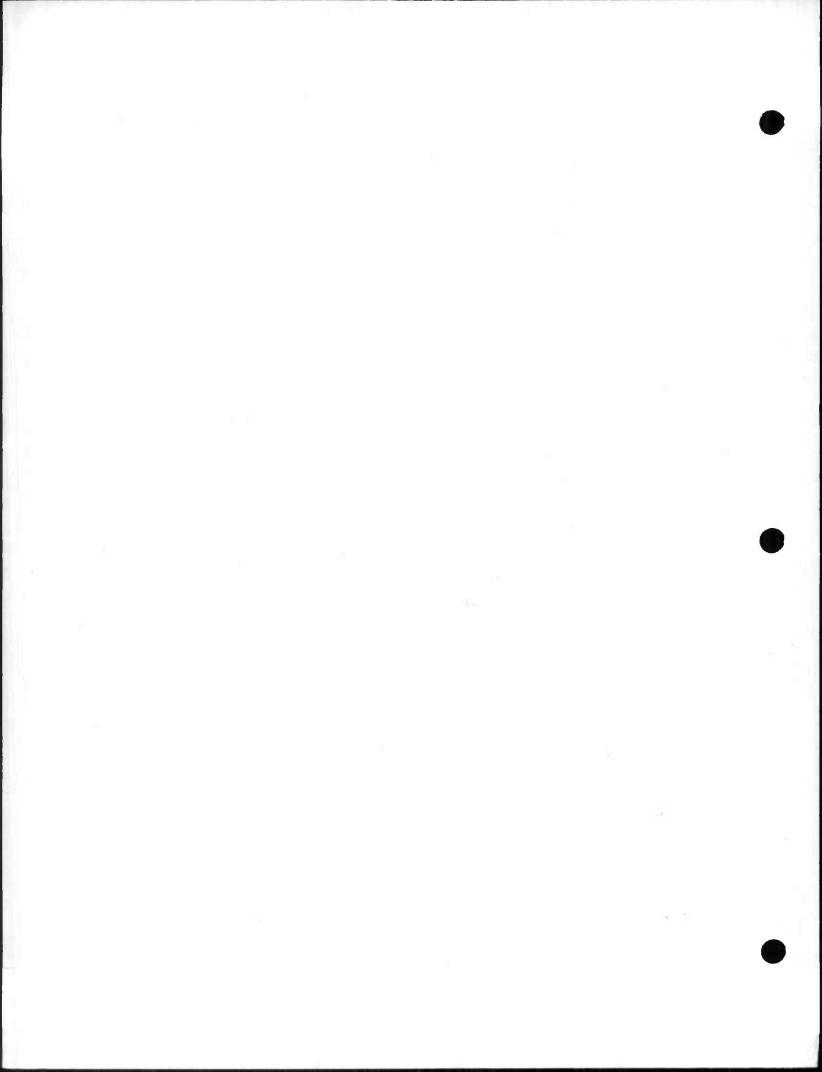
		1 - FOR STATE OF MARYLAN		TMENT OF H		MENTAL HYGIEN	E							
		1. DECEDENT'S NAME (First, Middle, Lest) DEON GRAHAM				2. DATE OF DEATH DATE OF AUGUST 2	YEAR 21.1995	Ρ						
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In )	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)						
2		578-98-7353 1 X 2 F 1	7 YRS.			February 21,		ashington, D.C.						
2, 3 should	OR	9a. FACILITY NAME (If not institution, give street and number) PRINCE GEORGES HOSPITAL CI	ENTER	96. CITY, TOWN O	R LOCATION OF DE	EATN	9c. COUNTY OF PRINC	CE GEORGES						
	ECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	10c, CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY						
. Page	DIR	District of Columbia		W	lashingto	n	LIMITS?							
permit		10e. STREET AND NUMBER			. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?						
n. ansit	FUNERAL	774 Kenilworth Terrace, N.E.	# 4		2001			ed States						
ing physician. the burial-transit permit. Pages	BY FUI	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X ND	If yes, spe		NIC ORIGIN? (Specify Yes n, Puerto Rican, etc.) y:	Sp	ACE — American Indian, ack, White frican activ: Affican Acrican						
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3 2 2	COMPL	9th	S	Student										
9 9 5	_	17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S NA	ME (First, Middle, Maiden	· ·							
	BE	Ronald Augustus Morgan  Gwendolyn Graham  196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Parell Route Number, City or Town, State, Zip Code)												
5 5 5	5	Hester A. Graham  774 Kenilworth Terrace, N.E.; \$4 - Wash., D.C. 20019												
may be			LACE AND DATE	OF DISPOSITION (Na	ma of		CATION — City or	Contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of th						
3 sct 6		4 Donation 5 Other (Specify) Ha	rmony M	lemorial			Landove	r, Md						
death. funer		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	T		Benning	Stewai	rt Funer Wash.,	al Home D.C. 20019						
death certificate be executed within 24 hours after of eath certificate be executed within 24 hours after or emoral. The attention, or removal. In., or other traumatic event, the medical exert.	CERTIFICATION	23. PART   Enter the diseases, or complications that caused to shock, or heart failure. List only one cause on each education cause on each education resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Obsesse or Injury that initiated events resulting in death) LAST	CONSEQUENCE CONSEQUENCE CONSEQUENCE CO	5h; pp:	ot Wa	ounds.		Approximate Interval Between Onset and Death						
requires that the signed by of Health and thows any I	MEDICAL	PART II. Other eignificent conditions contributing to death but				PERFOI	RMED?	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
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F 2 2 5	SICI	EXAMINER?  1 X YES 2 ND  ND  ND  ND  HOSPITAL:  1   Inpetient X XER/Output	tient 3 🗆 DDA	OTHER:	ne 5 Residence	6 Other (Specify)								
	РНУ	27. MANNER OF DEATH 26a. DATE DF INJURY (Month, Day, Year)	26b. TII	ME OF 26c. INJ	JURY AT ORK?	28d. DESCRIBE HOW	1							
DING PHYS After this death with	ВУ	1 Natural 8 Pending 2 Accident Investigation	-	North 1	-	Subject	Shot							
TEN TOR:	ETED	3 Suicide 5 Could not be determined 28e. PLACE DF INJURY – building, stc. (Specify	Road			281. LOCATION (Street City or Town, State 3 3 9 3 13	aine SL	- N.E. D.C.						
Z Z Z Z	필	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the best of examination						se(s) and manner as stated.						
HE FU HE FU OFTA	BE C	29b. SIGNATURE AND THILE OF CERTIFIER			29c. LICENSE NU			NED (Month, Day, Year)						
TO THE HUSPIT TO THE FUNER De filed within 7	TO B	7/4/		21.0	O.C.M.	E	AUGU	ST 22,1995						
7			111 Pe		eet, Ba	ltimore,	Maryl	and 21201						
		AUG 30 1895	REAL LAND											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

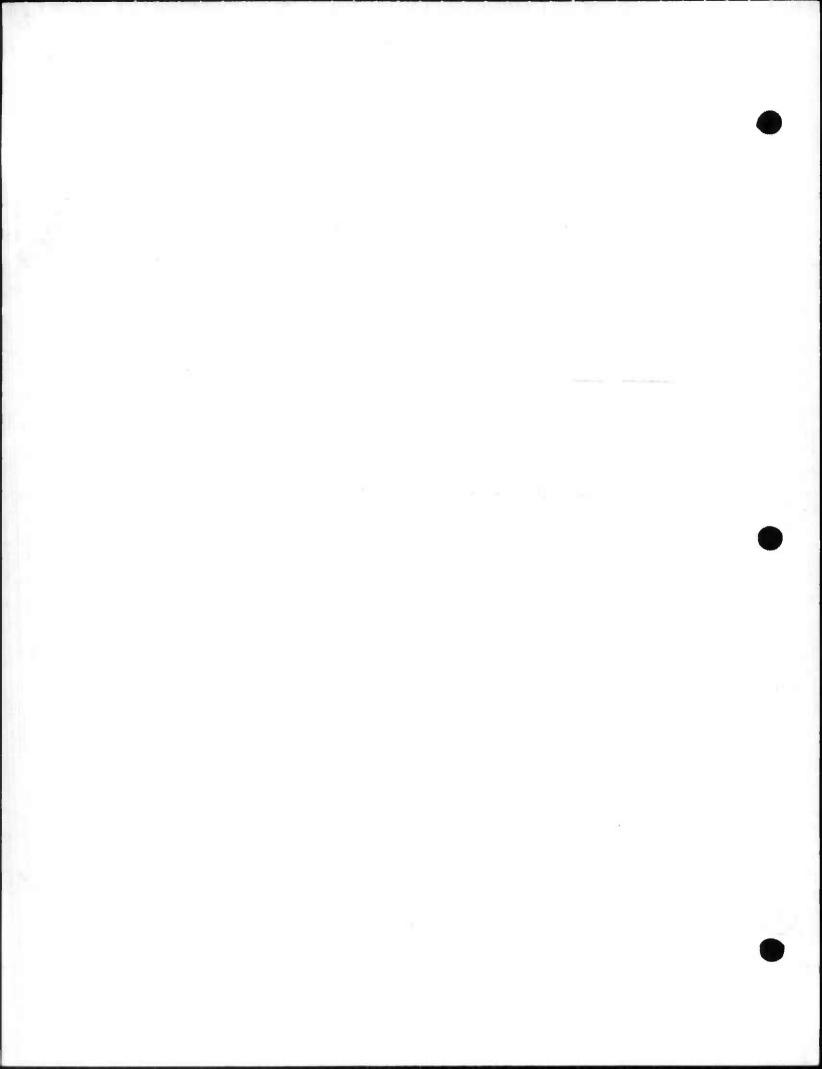
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last  Jou Mart	ie Goodell				2. DATE OF DEATH MONTH AUgust		95 3.	7:00Å			
	4. SOCIAL SECURITY NUMBER 326-34-8559	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 3, 1			NCE (State or Foreign	2		
TOR	9a. FACILITY NAME (If not institution, give Doctor's Communi RESIDENCE OF DECEDENT			ь сіту, тожы с Lanham	R LOCATION OF DE		9c. COUNT	ce Ge	orge's			
DIRECTOR	10a. STATE 10b. COUN	π ce George's	10c. CITY, 1	TOWN OR LOCAT	ION			- 1 5	d. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 6911 Elbrook Road	d		101	20706		U.S.	EN OF WHA	N OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 [ YES IF YES, GIVE WAR DR	2 X NO	If yes, sp	ENDENT OF HISPAN icity Cuban, Maxican 2 ND Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No—	14. RACE — Black, W Specify:	American Indian, hita, etc. White			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16a, DECEDENT'S US (Give kind of work life, Do NOT use in	SINESS/INDU								
	17. FATHER'S NAME (First, Middle, Lest) Alfred Cimms	4	Teacher		16. MOTHER'S NAI	Prince (		's Co	unty Sch	001		
TO BE	190. INFORMANT'S NAME (Type/Print) Marianne Reeves		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9700 Riggs Road, Adelphi, Maryland 20783									
	20a. METHOD QE DISPOSITION  1 Davriei 2 \( \text{D} \) Cremation 3 \( \text{Ramoval from State} \)  4 Donation 5 \( \text{O} \) Other (Specify) \( \text{METHOD ATE (Specify)} \)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) of the place) of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of th											
	22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home 4739 Baltimore Ave., Hyattsville,											
CERTIFICATION	snock, or near feiture IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  Sequentially list conditions, if any, leading to immediate  Due to (or as a consequence of):  Due to (or as a consequence of):										
CERTIF	that initiated eventa resulting in death) LAST	chronic A	a consequence of: lcoholism					5 year	8			
PHYSICIAN: MEDICAL	PART II. Other significant condition					PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (	Check only one)								
	1 YES 2X NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 X Inpetiant 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME D	F 28c. INJI		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	PRED		$\dashv$		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJUR building, atc. (Spe	Y — Al home, farm, atre- ocity)			28f. LOCATION (Street City or Yown, State	and Number or	Rural Route	Number,			
COMPLET	29a. CERTIFIER (Check only 2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the beals of examination	wiedge, death occurred a on end/or investigation, i	nt the time, data n my opinion, de	and place, end due to	to the cause(a) and ma	nner se stated nd due to the	l. cause(s) en	d menner as stated			
TO BE	214 SIGNATURE AND TITLE OF CERTIFIE	2	~-		29c. LICENSE NUM MD09874	BER		nih, Day, Ybar) 23, 1995				
	Dr. Robert Ruderm 31. DATE FILED (Month, Day, Year) AUG 28 1995		Puranth Aug		verdale,	MD 20737				-		



	_	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN					
		1. DECEOENT'S NAME (First, Middle, Last) Helen Catherine G	ayley				2. DATE OF DEATH MONTH AUgust 2	22, 1995	3. TIME OF OEATH 5 6:30 p			
2		168-14-8395	☐ M 2 🖾 F	76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or Foreign country) ennsylvania			
2, 3 should	TOR	96. FACILITY NAME (If not institution, give street 5805 42nd Avenue, RESIDENCE OF DECEDENT			96. CITY, TOWN Hyatts	OR LOCATION OF D	EATH	Prince	of George's			
permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	e George's		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
- TS	ERAL	10. STREET AND NUMBER 5805 42nd Avenue,			10	1. ZIP CODE 20781		U.S.A	OF WHAT COUNTRY?			
215-0020 attending physician. use as the burial-transit	BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	II yes, sp	CENDENT OF HISPA becity Cuben, Maxico 3 2 1 NO Specific	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	Yes or No- 14. RACE — American Ind Black, Whita, etc. Specify: White				
5 6	LETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementery/Secondery (0-12)	mpleted) College (1-4 or 5 +)	Im. Do NOT use	ork done during me retired.)	SUAL OCCUPATION rk done during most of working retired.)  16b. KIND OF BUSINESS/INDUSTRY						
AND he hospit detached	Once. COMPLET	12 17. FATHER'S NAME (First, Middle, Lest)		Clerical	Worker		Private Industry  AOTHER'S NAME (First, Middle, Maiden Surname)					
	TO BE	Victor Ness VI  190. INFORMANT'S NAME (Type/Print)  Betty L. Hinkle	is									
may be	must be n	20a. METHOD OF DISPOSITION  1 □ Burlal 2 ὧ Cremation 3 □ Ramova  4 □ Donation 5 □ Other (Specify)	20b. Cepte	PLACE AND DATE OF	DISPOSITION /N	ame of	Odenton,	OCATION - City				
death. Pag e funeral dir al.	examiner	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE ess	cropolic	Franc	no address of fa is Gasch	s Sons Fu	neral H				
y fill	ION	23. PART I. Enter the diseases, or corshock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	OUE TO (CH AS A	the death. Do not chillne.  CONSEQUENCE OF:	of enter the mo	de of dying, suc	h as cardiac or resp	iratory arrest,	Approximata Interval Betwee Onset and Das			
	CERTIFICATION	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  d.										
signed by	SHOWS any Injury,	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s was an auropsy 2sb v										
Sep as	SICIAN:	DID TOBACCO USE CONTRIE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?		8. PLACE OF DEATH	(Check only one)	UNCERTAI	N					
HYSICIAN: with the St	्। ≿ ।	1 VES 2 NO 1 27. MANNER OF GEATH	☐ Inpetient 2 ☐ ER/Outpe 28a. DATE OF INJURY (Month, Day, Year)	atient 3 🗆 DOA 28b. TIME	OF 28c. INJ		8 C Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURE	D			
NO P	TED BY PH	1   Natural 5   Pending   2   Accident   Investigation   3   Suicide   5   Could not be   4   Homicide   detarmined	28e. PLACE OF INJURY building, etc. (Special	— A1 home, larm, str		YES 2 NO	281. LOCATION (Street City or Town, State)	and Number or Ru	sraf Route Number,			
AL OR	4PLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	N: To the best of my knowle						(Se(s) and manner as stated.			
TO THE HOSPITAL TO THE FUNERAL De filed within 72	D BE CO	200. SIGNATURE AND TITLE OF CERTIFIER	faur	20		29c. LINENSE NUI		29d. DATE SIG	NEO (Month, Day, Year) gust 24, 199			
3	12	Angus W. McLaurin,	M.D. 4307	Jefferso		et #B-100	), Hyattsv:		D 20781-1930			
$\vee$		AUG 28 1995	32 REGISTRAR'S SIGNA	Mardall								



IVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_		1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF												_			
												MONTH DAY YEAR					
		DIAMOND  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SECURITY NUMBER  6. SOCIAL SE		AY GAR	NER	(In yrs. last i	hinh da il	12 ( N 10 PP	4 100 4 0	T		Au	gust .	119		1830	M
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020 physician. burial-transit	FUNE	11. MARITAL STATUS	VISC	12. WAS DECEDED	T EVER I	N U.S. ARM	ED	13	WAS DE	2180		U.S.A				- American Indian.	
020 physician. burial-trar		1 Nover Married 2 🗆		FORCES?	YES	2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, W							White, etc.				
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the hospit detached once.	COMPL	17. FATHER'S NAME (First, M	liddle, Lest)							18. MOT	HER'S NAI	ME (First,	Middle, Meiden				_
# 8 E	ш	David Gar	rner					Tonya Townsend									
retained 5 should notified	0 B	19a. INFORMANT'S NAME (7	Type/Print)			196.	MAILING	LING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
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May be	1	20a. METHOD OF DISPOSIT.	ION	ovel from State	313 Buena Vista Ave. Salisbury, Me  120b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other place)  20c. LOCATION — City of camelery, crematory or other place)												
3 g g		4 Donation 5 Other		DATE 20c. LOCATION - City or Town, State Salisbury, Md.													
death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Characteristics of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of															
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the death the attend Mental H injury, or		PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													_		
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AL NE le law requ has been Dept. of h	N N	DID TOBACCO U		RIBUTE TO CA						J UNC	ERTAIN						
SICIAN: The law certificate has the State Dep 1, or Item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Chock only one)  EXAMINER? OTHER:															
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를 돌을 것	РНУ	~	Pending	/Month, D			28b. TIME INJU		WC	JURY AT		28d. DES	SCRIBE HOW IF	JURY OCC	URED		
. OR ATTENDING F DIRECTOR: After thours after death	B	a C Sections	Investigation	The PLACE C	of the street					YES 2	J NO						_
TTEND TOR: 4 after d	E		Could not be determined	28e. PLACE C building,	etc. /Rpec	ofy)	e, reritt, st	reet, facto	ary, offic	*			ATION (Street e or Town, Stete)	nd Number o	or Rural Rou	te Number,	
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ORT V	BE	SHE SHORKTURE AND THE	OF CEMPIFICA	MI	-					29c. LICE	NSE NUM	BER	700	29d. DATE	SIGNED (	onth, Day, Year)	
TO THE HOSPITAL (TO THE FUNERAL IT DE FIED WITHIN 72 HIMPORTANT: IF IT	0	) H	ph		7	1 200	7)				149	66	112	> 8	124	15	
	- 1	30. NAME AND ADDRESS OF	FERSON WHO	COMPLETED CALL	SE OF DE	ATH (ITEM :	27) (Type, I	Print)	2041	in M	· Coc	AZT,	M.S.		,		
			٦٤ در	5+.	5		bu	4.	Mi	anyl	dr.	L	a	1850	1		
2		31. DATE FILED (Month, Day,		32. DEGISTRA	A'S SHOW	ATURE	111										
9		SEP 05 1995 Julia Student Revolate															

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

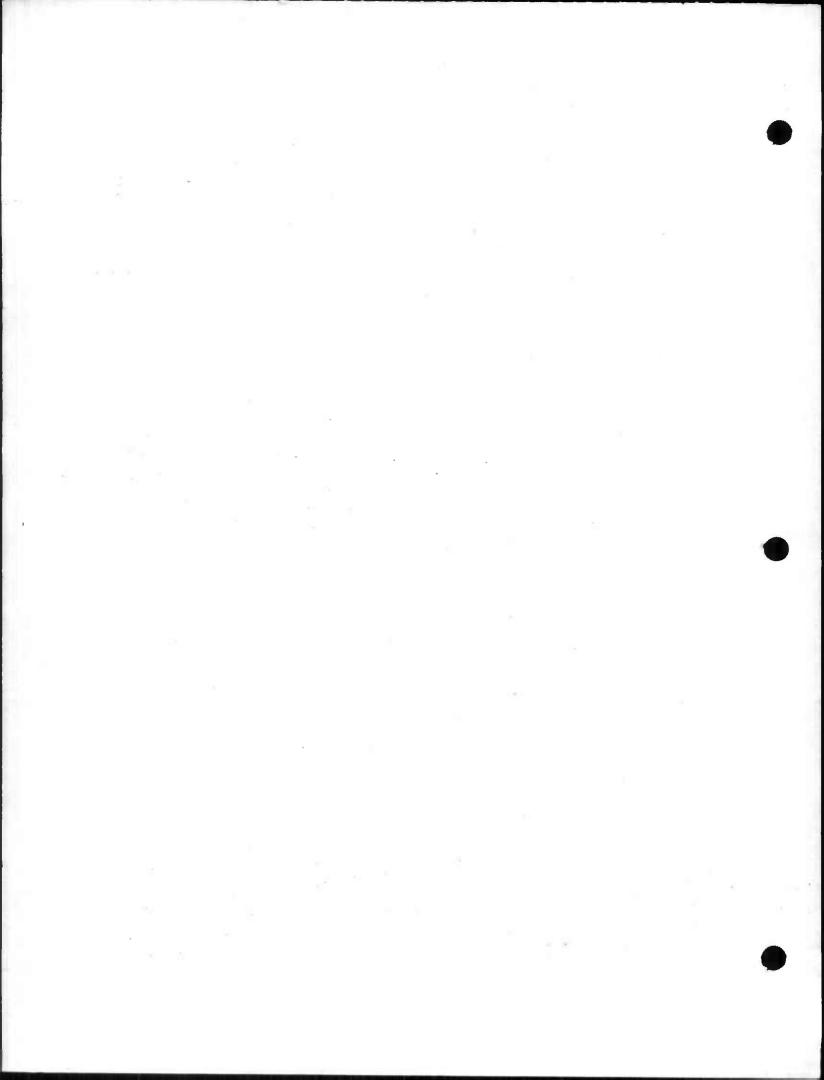
DIVISION OF VITAL RECORDS, P.O. BOX 68760

4 hours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-728 10/2/95 t.t

	1 - STATE REGISTRAR	SIAIL OF MA				DEATH	MENIAL	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH	IV.	VEAR	3. TIME OF DEATH	
	FREDERICK	LEE	1	HC	WAR	D	SEP	r 06	19	95	10:50 Pm	
	4. SOCIAL SECURITY NUMBER 212-98-2744	5. SEX 6.	AGE (In yrs. last birthda) 28 vas.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	28 1687) 1	967	HPLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give st									Washington D		
DIRECTOR	7514 FIRETHO				INT						GEORGES	
EC	10a. STATE 10b. COUNTY	,	10c, 0	TY, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
DIE	Maryland Prin	ce George'	s	Clint	on						1 YES 2 NO	
AL	10e. STREET AND NUMBER				101	ZIP CODE			10g. CI1	FIZEN OF V	WHAT COUNTRY?	
ÉF	7514 Firetho	rn Drive				20735				U.S		
BY FUNERAL	11. MARITAL STATUS  1 XNever Married 2 Married  3 Widowed 4 Divorced	12, WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 XXO		If yea, spe	ENDENT OF NISPAI ecity Cuben, Mexica 2 X NO Specif	n, Puarto R		or No—	Btec Spec	E — American Indian, k, White, etc. #y: ICasian	
60	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT	"S USUAL O	CCUPATIO	ON et of working	16b.	KIND OF BUS	BINESS/IN	DUSTRY	p-30	
COMPLETED	Elementary/Secondary (0-12)	Coffege (1-4 or 5+) N/A	Unempl	use retired.)	coming mo	ot or working		N/F	A			
OM	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, A	Middle, Maiden	Sumame)			
BE C		Howard	1			Darlee			Choma			
2	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural. m Drive					20735	
	Darleen Howard		1						Maryland 20735			
	20a. METNOD OF DISPOSITION  1 General 2 N Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Cemeatery, cremetory or other place)  Sept. 8, 1995  Clinton, Mar											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.											
	<b>•</b>										inton, Md	
CERTIFICATION	disease or condition resulting in death)  COMBINED DRUG INTOXICATION  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
Ü	d.											
MEDICAL	PART II. Other eignificant condition							PERFOR	RMED?	7 241	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
N.	DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF DEATH  26. PLACE OF D			UNCERTAI	иП					
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	- Y						
PHYSICIAN:	YES 2 NO	26a. DATE OF IN	R/Outpetient 3 DO/		raing Non	BURY AT		r (Specify) SCRIBE NOW I	NJURY O	CCURED		
	1 Netural 5 Pending	(Month, Day, FOUND: 9		TIME OF WALLEY		RK?		CT INJE				
) BY	2 Accident Investigation 3 (C)(Suicide 6 Could not be	26a. PLACE OF I	NJURY — At home, fen		tory, affic	0	261. LOC	ATION (Street	and Numb	er or Rural	Route Number,	
TEL	4 Nomicide determined	bullding, ate		: RESI	DENCE			NTON, ME		FIRE	THORN DRIVE	
COMPLETED	298. CERTIFIER (Check only one) 1 CERTIFYING PHYS. 2 MEDICAL EXAMINE										(a) and menner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIES Therefore L	10 King	1 mgs			O . C . N	MBER  1. E  29d. DATE SK  ▶ SEP			TE SIGNE	07,1995	
F	50. NAME AND ADDRESS OF PERSON WH	HE KINS	OF DEATH (ITEM 27) (1	Penr	st	reet,	Balt	imore	, M	ary]	land 21201	
	SEP19 189	32. BEGISTRAR	s signature public Randa	Ц								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGI	ENE
	CE	RTIFICATE	OI	F DEAT	TH		DEC	NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AN TE OF DEATH	D MENTAL HYGIEI					
	1. DECEDENT'S NAME (First, Middle, Leat)			O DEATH	2. DATE OF DEATH	,	3. TIME OF DEATH			
	Domenic Gary HA	RTLEY				30 199	M n d d l			
		5. SEX 6. AGE (In yrs. In	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BURTH							
		6. AGE (In yra. last birthday)  YRS.  6. AGE (In yra. last birthday)  YRS.  F UNDER 1 YEAR F UNDER 24 HRS.  AND HOURS MIN.  MATCh 15 1947  Mary1:								
~	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
DIRECTOR	Washington County	Hospital		Hagerstown		Washi	ngton			
EC	10s. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY			
DIR	Maryland Washi	ngton	Нар	erstown			LIMITS?			
	10e. STREET AND NUMBER	80011	1148	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	9821 Fernwood Lane	1		2174	10	U.S.	Α.			
5		2. WAS DECEDENT EVER IN U.S. A	RMED		SPANIC ORIGIN? (Specify Ye	e or No- 14.	RACE — American Indian, Black, White, atc.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 ♥ YES 2 ☐ IF YES, GIVE WAR OR DATES		1 YES 2 NO S	oxican, Puerto Rican, atc.)		Soechy: White			
	15. DECEDENT'S EDUCAT	J.S. Army Reser	DECEDENT'S USUAL	OCCUPATION	40, 800, 05 0					
	(Specify only highest grade con	mpleted) (	(Give kind of work do	ne during most of working	160. KIND OF BU	SINESS/INDUSTI	RY.			
PL	4.6		r. Financ	ce & Adminis	stration	Brick C	Company			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Malder	Surname)				
BE (	Richard Hartley			Juli	la DeBiase					
TO E	19a, INFORMANT'S NAME (Type/Print)	.1			ural Route Number, City or Tox	vn, State, Zip Code	)			
_	Linda A. Hartley		9821 Fe	nwood Lane	Hagerstown	, Maryl	and 21740			
20s. METHOD OF DISPOSITION  1 © Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of camplery, crematory occupier place)  ROSE HILL Cemetery 9-1-95 Hagerstown, Ma										
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICEN:						n, Maryland			
	South	Minnie	1		FACILITY Minnic					
	LOW!	1100					m, Md. 21740			
	23. PART I. Enter the diseases, or com shock, or heart failure. List	nplications that coused the d it only one cause on each lin	leath. Do not sni ne.	er the mode of dying,	such sa cardisc or reap	elratory srrest,	Approximats Interval Batween			
	IMMEDIATE CAUSE (Finel disease or condition	01.1	1. 1	/ /	,		Onset and Death			
	disease or condition - a Costrointestinal hemorrhage 1 e									
_	_	Lle setie	C ~ . /.	~0		12 n				
<u>o</u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	EOUENCE OF):		, ,		de MONS.			
CAI	csuse. Enter UNDERLYING CAUSE (Disease or injury	Adenocarcin DUE TO (OR AS A CONSE	oma-	Acesumed	prostati	CAIM	ary lowens			
FI	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):							
CERTIFICATION	d									
AL C	PART II. Other significent conditions of	ontributing to deeth but not	resulting in the	underlying ceuse given	In Part I. 24a. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
20		lyre			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
					1 TYES	NO	OF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF DE	ATH YES	NO UNCERT	AIN 🗆	- 1	1   1E5 2   NO			
N	25. WAS CASE REFERRED TO MEDICAL	26. PLA	CE OF DEATH (Che							
Sic	1 □ YES 2 NO	OSPITAL: Inpetient 2 - ER/Outpetient	3 DOA 4 A	ER: ursing Home 5 🗆 Residen	ce 6 Other (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	)			
B	1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At h building, etc. (Specify)	ome, larm, street, l	ectory, office	281. LOCATION (Street City or Town, State	and Number or Ru	ral Route Number,			
	an ormania									
COMPLETED	(Check only CERTIFYING PHYSICIAI	N: To the best of my knowledge, d								
8		On the basis of examination and/or	investigation, in m	y opinion, death occured at	the time, data and place, as	nd due to the cau	se(s) and manner as stated.			
BE	296. SIGNATUME AND TITLE OF CONTIFIER	72 //	0 01	29c. LICENSE	NUMBER	29d. DATE SIG	NED (Month, Day, Year)			
2	/ Roge When	want M	V. 1-17c	V DITS	190	8	30/95			
	30 NAME AND ADDRESS OF BERSON WAYS OF	OMBI ETED CAUSE OF DEATH	P14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
	36. HAME AND ADDRESS OF PERSON WHO CO			1 - 4 1	21 11:	0. 1	0.71/0			
	30. NAME AND ADDRESS OF PERSON WHO CO		799 H	lowell	Rd. HAG	.md.	21740			

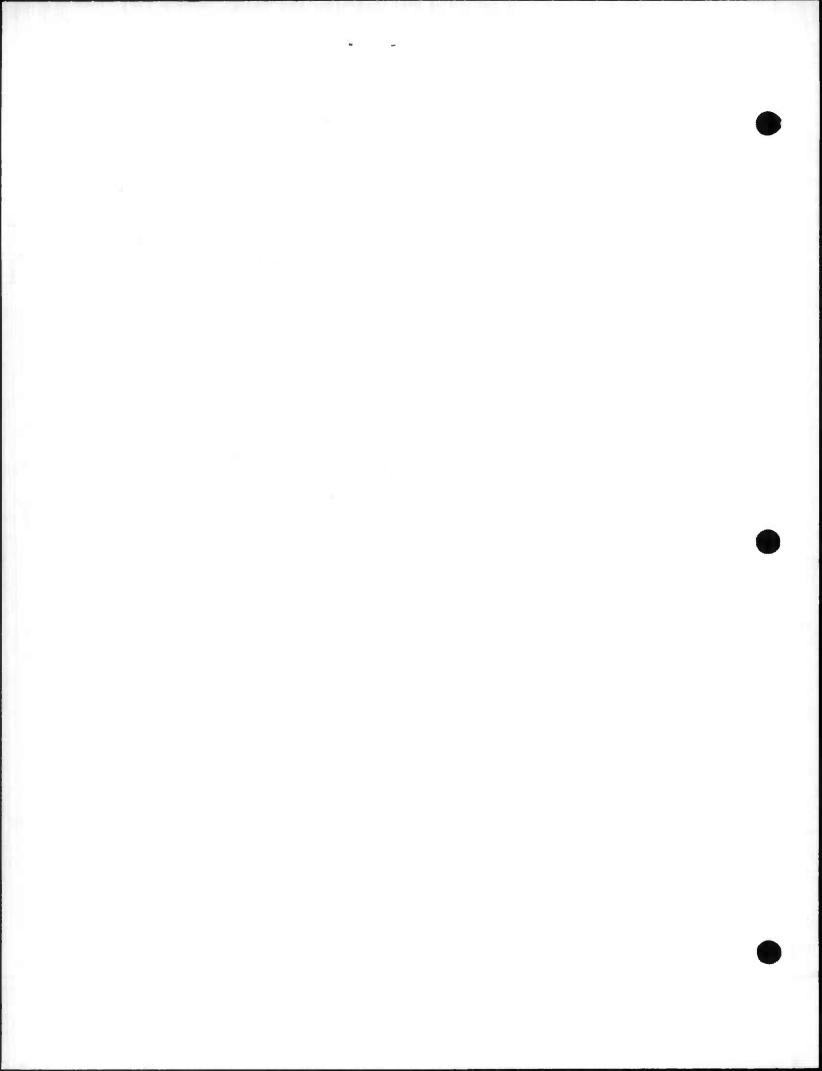
22.4

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending to THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF

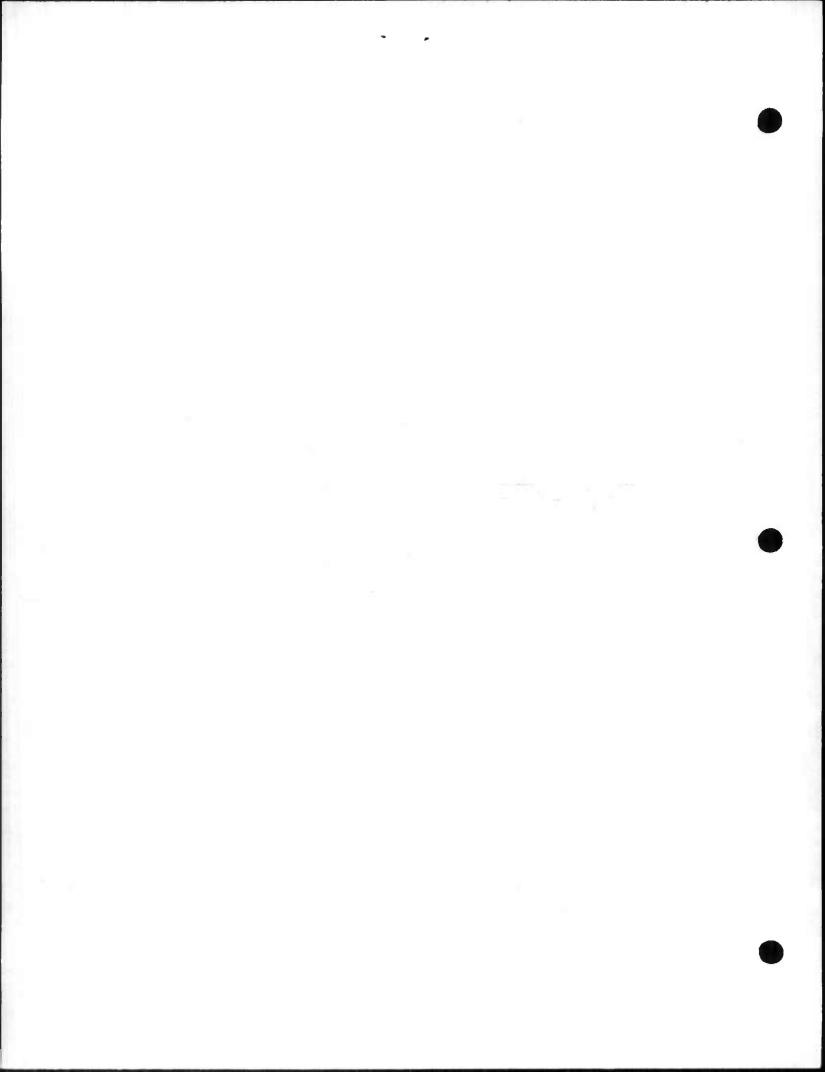
31. DATE FILED (Morith, Day, Year)
SEP 0 6 1995

				_		-					0		28201
	FOR	STATE OF MA	ARYLAND /	DEPAR	TMEN	T OF H	FAITH	AND I	MENTAL	HAGIEN		J	20201
	1 - STATE REGISTRAR		C	ERTIF	ICAT	E OF	DEAT	H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Virginia F1	orence	nce Harri						Septem	iber 3.	1995	YEAR	8:09 a
	4. SOCIAL SECURITY NUMBER	5. SEX 6	L AGE (In yrs. las	AGE (In yrs. last birthday) IF UNDER 1 YEAR				24 HRS.	7. DATE OF	BIRTH		8. BIRTI	HPLACE (State or Foreign
	224-15-5058	1 M 2 XXF	73	YRS.	MONTHS	DAYS	HOURS	MIN.	APRTI	21	1922	Count	T VIRGINIA
	90. FACILITY NAME (If not institution, give stre		9b. CIT	Y, TOWN C	R LOCATIO	N OF DE		,		TY OF D			
H	Physicians Memoria	1 Hospital				a Pla						harle	
DIRECTOR	RESIDENCE OF DECEDENT					<u> </u>					KILL TE	25	
띮	10e. STATE 10b. COUNTY					OR LOCAT							10d. INSIDE CITY LIMITS?
	MARYLAND CH	WH	ITE	PLAI	NS						1 TES 2 NO		
FUNERAL	10a. STREET AND NUMBER					101	ZIP CODE				10g. CITI	ZEN OF V	WHAT COUNTRY?
Ä	3806 STONEYBROOK	RD.					20	0695				U.	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. AR	RMED	13.	WAS DEC	ENDENT O	HISPAN	IC ORIGIN?	Specify Yes	or No-	14. RACI	E — American Indian, k, White, stc.
BY F	1 Never Married 2 Merried 3 Wildowed 4 X Divorced	IF YES, GIVE WAR	OR DATES X	NO			2 X NO		n, Puerto Rici	in, atc.)		Speci	
	N .								1		WHITE		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	tTION ompleted)	16e. DE	CEDENT'S	USUAL C	during mo	N st of worldno	7	16b. Ki	ND OF BUS	INESS/IND	USTRY	
iii	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	e retired.)	)							
MP	10			WAIT	RESS		-		00	F0	OD SE	ERVI	CE
00	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAI	ME (First, Mide	dle, Meiden S	Surname)		
BE	FRANK PHILLIPS								LUCAS				
0	19e. INFORMANT'S NAME (Type/Print)						Street end Number or Rural Route Number, City or Town, State, Zip Code)						
-	JUE FITZGERALD JUNEYBROOK RD. WHITE PLAINS, MARY									LAND 20695			
	20a, METHOD OF DISPOSITION 1 W Burlal 2 Cremetton 3 Remov	rel from State	20b. PLACE	AND DATE	FDISPO	SITION /Na	me of			20c. LOC			
	4 Donation 5 Dethery Specify)		TRINI	ME	MOR	IAL (	SARDE	NS	9/8	WALE	ORF,	MAR	RYLAND
	THE HUNTT FUNERAL HOME . INC.												
	BENJAMIN M.	MATTHEWS	M_006	58	P	חב ח	DOV 1	FUN	WALDOF	TUME,	ADVI.	NID	20604
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the							na auch	NAL DUI	or respir	etory ero	AND A	Approximate
	shock, or heert failure. List only one ceuse on each line.									Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	4		·	_								Onset and Death
	resulting in death) a.	DUE TO (O	R AS A CONSE	OLIENCE OF	0,0	ar (1	4000	here	A	nne	-27		
_	Sequentially list conditions,  a. Acute CARD: Open LMONARY ARREST  DUE TO (OR AS A CONSEQUENCE OF):  ARTERIOS CLEROTIE CARED, DVAS CHEROS CHEST												
ő		DUE TO (O	R AS A CONSE	GUENCE OF	7/4	CP)	26 0'D	Vara	e cu con	e4	200	275	40
¥	If any, leading to immediate cause. Enter UNDERLYING				,								
ERTIFICATION	CAUSE (Disease or Injury c. that initiated events	DUE TO (O	R AS A CONSE	OUENCE OF	D:								
E	resulting in death) LAST												
뜅	0.												
4	PART II. Other significant conditions	contributing to de	eth but not r	reaulting i	n the u	nderlying	cause gi	ven in	Part I. 24	e. WAS AN		24b.	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8	None								1	YES 2	_		COMPLETION OF CAUSE OF DEATH?
빌									_				1   YES 2   4HO
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI	BUTE TO CAU	SE OF DEA	TH YE	S 🗆	NO 🗆	UNCE	RTAIN	VO				
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLAC	E OF DEAT	H (Check	only one)							
Sic		HOSPITAL:	700ulpatient 3	□ DOA	OTHE		5 G Res	Idence	6 Other (S	pecify)			
ž	27. MANNER OF DEATH	28e. DATE OF IN		26b. TIM	E OF	26c. INJI	JRY AT		28d. DESCR		JURY OCC	URED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	rear)	INJ	M	1 U Y	ES 2	NO			111	1A-	
	3 Suicide 8 Could not be	26e. PLACE OF II	NJURY — At ho	me, ferm, s	treet, fac	tory, office	,				nd Number	or Rural F	Route Number,
TED	4 Homicide determined	building, etc	(Specify)	1 -					City or T	own, Stete)	NIU	1-	
٦	290. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of -	(knowledge de	oth one	of as at -	Olema al-a	and etc		4 Ab		1.0		
COMPLET	295. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end dus to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.												
	1				, my	-primori, Ot				piace, end			
띪	296. SIGNATURE AND MILE OF CERTIFIER						29c. LICEN				29d, DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DEDEATH OF	H 070 /7	Outer		0-	330	018		7	15	195



I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hursal-tranet narmit pages 1 2 3 should	fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
P	100	be file	MP M

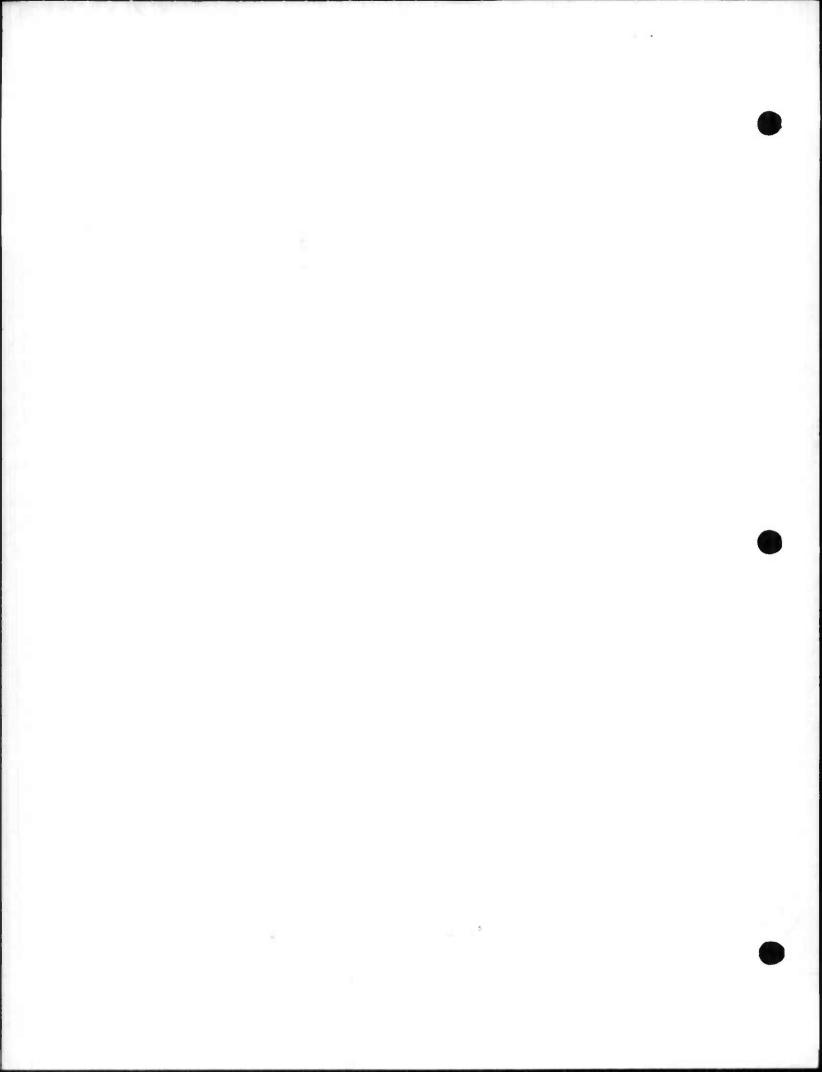
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF CEAT	Н		3. TIME OF DEAT	н
	Elsie Eliz	abeth Hard	desty			Septemb	DAY 1 10	YEAR O.S.	9:20	Ам
ŀ	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Fo			
	578-32-9530	578-32-9530 1 M 2 TYF 98 MONTHS DAYS HOURS MIN. (Morth, Day, Year)								
	9e. FACILITY NAME (If not institution, give str	set end <i>number</i> )	1	b. CITY, TOWN	OR LOCATION OF D	EATH SO		ITY OF D	nington EATH	<i>DC</i>
DIRECTOR	Wellington Manor N		Prir	nce (	eorge's					
H	10a. STATE 10b. COUNTY	ce George's	TOWN OR LOCA	TION				10d. INSIDE CITY		
٥	Maryland Princ	e George s	Uppe	r Marlb	oro				1 YES 2	NO
FUNERAL	10s. STREET AND NUMBER			10	. ZIP CODE				HAT COUNTRY?	
Ä	9210 Columbine La	ine			20774		Unite	ed St	tates	
F	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEOENT EVER FORCES? 1 YE		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specif) in, Puerto Ricen, atc.	Yes or No-	14. RACE	- American India, White, atc.	ın,
BY	3 Wildowed 4 Divorced		2 XXIO Speci		'	Specif	y:			
	15. DECEDENT'S EDUC	ATION	I see acceptance			Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of th		Whit	te	
	(Specify only highest grade of	completed)	(Give kind of wor life. Do NOT use	k done during mo	st of working	16b. KIND OF	BUSINESS/INDI	USTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Clerk			D.C.	Governm	nent		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		CICIA		16 MOTHER'S N	AME (First, Middle, Mei				
	Theodore Werdig					nine McLa				
BE	19e. INFORMANT'S NAME (Type/Print)		196, MAILING A	DDRESS (Street a		Route Number, City or		Code	_	
2	Mildred Tuma					Upper Ma			20774	
	20- METHOD OF DISPOSITION	2	0b. PLACEAND DATE OF					City or Town, State		
	1  Burlel 2 Cremetion 3 Remo	val from State	emetery, crematory or othe	The Ceme	eterv				Maryland	
1	Surface   2   Cremetton   3   Removal from State   Campelory, premetory or other place)   Cemetery   Brentwood,   Port Lincoln   Cemetery   Brentwood,   21. SIGNATURE OF FUNERAL SERVICE LIGENSEE   22. NAME AND ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure And ADDRESS OF FACILITY   Pure ADDRESS OF FACILITY   Pure ADDRESS OF FACILITY   Pure ADDRESS OF FACILITY   Pure ADDRESS OF FACILITY   Pure ADDRESS OF FACILITY   Pure ADDRESS OF FACILITY   Pure ADDRESS OF FACILITY   Pure ADDRESS OF FACILITY   Pure ADDRESS OF FACILITY   Pure ADDRESS OF FAC									
	1 th 5.5	on, Md 20	735							
CERTIFICATION	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST								24	
PHYSICIAN: MEDICAL CE	PAST II Other clarifficant conditions and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon								WERE AUTOPSY FIR AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH? 1 YES 2 N	AUSE
Z	DID TOBACCO USE CONTR	BUTE TO CAUSE			UNCERTAI	N 🗆				
2		HOSPITAL:	26. PLACE OF DEATH	(Check only one)						
IYS	1 VES 2 NO 27. MANNER OF DEATH	1   Inpatient 2   ER/Ou	tpetient 3 DOA	Nursing Hom		6 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)		Y WO	PK?	26d. DESCRIBE HO	W INJURY OCCI	URED		
BY	2 Accident Investigation	28a PLACE OF IN HIS	RY — At home, ferm, stre		ES 2 NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Sp	ecify)	ot, factory, brites		26t. LOCATION (Str. City or Town, St	ete)	or Hurel Ho	oute Number,	
TO BE COMPLET	296. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CONE) 2 MEDICAL EXAMINER.  296. CIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	DM.	D. Allu	alung opinion, d		time, date end place	29d, DATE	cause(s)	end menner as etc.  Month, Day, Yegring  MD 76	95 73 i
	1. BERWA, 7700, slq Bronch Aug Clinton, MD 2073; 31. DATE FILED (Happin, Day, 164) 1995 32. REGISTRAR'S SIGNATURE SEP 0 6 1995 Julia Diwelson Revoluti									



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE							
	1. DECEDENT'S NAME (First, Middle, Last)		02.111110	AIL OF BEATT	2. DATE OF DEATN	J	3. TIME OF DEATN					
	PATRICIA RAMO	ONA HARDY				6 1995	12:15 P M					
	4. SOCIAL SECURITY NUMBER		EX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTY 928 8. BIRTYPLAN									
	579-32-5425	1 M 2 X F	(Month Day War) Country									
	9a. FACILITY NAME (If not institution, give str	reet and number)										
DIRECTOR		Sir Lancelot Drive Glenn Dale Prince Geo										
EC	10a. STATE 10b. COUNTY		10c. CITY, TO		10d. INSIDE CITY							
Ö	Maryland Anne A	Arunde1	Croft	on			1 X YES 2 NO					
AL	100. STREET AND NUMBER				10g. CITIZEN OF	WHAT COUNTRY?						
FUNERAL	1782 Aberdeen Cin	rcle		21114		U.S.A.						
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Y		CE — American Indian.					
	1 Never Married 2 Merried	can, Puerto Rican, etc.)	Bio	ack, White, atc.								
В	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR D	1 TYES 2 TO NO Spec	,	30	White						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	CATION Completed	16a. DECEDENT'S USU	JAL OCCUPATION done during most of working	16b, KIND OF BI	USINESS/INDUSTRY						
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)								
MP	12		Homemaker		Own Hor	me						
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S N	AME (First, Middle, Malde	n Sumame)						
BE	LeRoy Rash			Ollie (	Oglesby							
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	DRESS (Street and Number or Rura	Route Number, City or To	wn, Stele, Zip Code)						
F	P. Darlene Edward	ds	12300 S:	ir Lancelot Dr	ive, Glenn	Dale, M	laryland 20769					
	20a. METNOD OF DISPOSITION	20b	PLACE AND DATE OF D	ISPOSITION (Name of	DATE 20c I							
	1 No Buriel 2 Cremation 3 Removal from State Competery, crematory or other place)											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Francis Gasch's Sons Funeral Home, P.A.											
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate											
	shock, or haart failure. L	omplications thet caused list only one cause on a	the deeth. Do not a sch ilne.	enter the mode of dying, au	ch en cardiec or reep	piratory arrest,	Approximate interval Between					
	MMEDIATE CALIFE (FIG.)											
J	disease or condition resulting in death)  a. Due TO (OR AS A CONSEQUENCE OF):											
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s											
Z	Sequentially list conditions b.											
Ĕ	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
0	CAUSE (Disease or injury											
E	that initisted events resulting in death) LAST	that inhibited events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	d	·										
ALC	PART II. Other aignificant conditions	contributing to deeth b	ut not resulting in ti	ne underlying cause given in	Part i. 24s. WAS A	N AUTOPSY 24	Ib. WERE AUTOPSY FINDINGS					
2					PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE					
8					1 TYES	2 NO	OF DEATH?					
Σ	DID TOBACCO USE CONTR	IDLITE TO CALICE O	E DEATH VEC	Z NO T UNICEDEN			1 TYES 2 NO					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	NO UNCERTA	N L J							
S	EXAMINER?	HOSPITAL:	01	HER:								
.¥S	1 VES 2 NO	1 Inpetient 2 ER/Outp			8 Cher (Specify)							
표	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED						
B	Accident Investigation			M 1 YES 2 NO								
<u>n</u>	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	<ul> <li>At home, ferm, stree</li> <li>ify)</li> </ul>	t, factory, office	28f. LOCATION (Street City or Town, State	and Number or Rura	I Route Number,					
COMPLETED												
ᆲ	29e, CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	edge, death occurred at	the time, data and place, and du	e to the cause(a) and me	mner og stated.						
0				my opinion, death occured at the			(s) and menner es stated.					
	290. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mo											
BE	MLa 8	50/1		D17	205	199	195					
임	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Prin		~ `	0	0.00					
	DJ - MADIA	MU) 4	34 46	Elwey Child	172 + B	Fran	xex 2073]					
	31. DATE FILED (Month, Day, Year) AUG 31 1995	THE TRAPS SIGN	Mardall	d								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAR				EHIL	ICAL	E UF	DEA			REG. NO.			
- 5	1. DECEDENT'S NAME (First,							_		2. DATE OF MONTH	DA	NY .	YEAR	3. TIME OF DEATH
	JAM			LEY						AUGUS	T	25 199\$ 9:30 P		
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (in yrs. i		IF UNDER	DER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)				ev. Yber)	8. BIRTHPLACE (State or Foreig Country)		try)
- 8	577-26-3890		1 🔀 M 2 🗆 F	70	YRS.		Oct. 7, 1924 Was					Was	hington, DC	
œ	8a. FACILITY NAME (If not in:			_				R LOCATI	ON OF DE	EATH			NTY OF	
5	Prince Geor	rge's	Hospital	Center		Che	ver1	.у				Pri	nce	George's
DIRECTOR	10a. STATE	10b. COUNTY	,		10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
2	Maryland	Hya	ttsv	ille							1 🖾 YES 2 🗌 NO			
AL	10e. STREET AND NUMBER						101	ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	3816 Thorny	vood R	oad				2	0784			100	U.S	.A.	
5	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDENT	T EVER IN U.S. A		13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RAC	E - American Indian,
BY	3 Widowed 4 Divor	50		1 YES	2 X NO	Specify	c:	1, 406.			White			
	15. DECI	EDENT'S EDU	CATION	16a f	DECEDENT'S	HELIAL O	CCLIDATIO	M		105 1/1	NO OF BUS			
COMPLETED		highest grade			(Give kind of site. Do NOT us	work done	during mo	st of working	g		-			otomac
7	12	12)	Conege (1-4 or 5 +		pervi	sor					phon			
0	17. FATHER'S NAME (First, Mi	ddle, Last)			1		_	18, MOTH	IER'S NA	ME (First, Midd			mp dr.	· J
ш	Frank Rudol	Lph He	ley							ola Wa		-		
TO B	19a. INFORMANT'S NAME (7)	rpe/Print)		1	19b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Number,	City or Town	, State, Zij	Code)	
٦	Donna Lanie	er			7521	Newb	erry	Lan	e, L	anham	Mar	ylan	d 20	706
	20a. METHOD OF DISPOSITION 1 N Burlai 2 □ Cremation		oval from State	20b. PLACI	E AND DATE	OF DISPOS	SITION (Na	me of		DATE	29c. LO	CATION —	City or To	own, State
	4 🗋 Donation 5 🗆 Other	(Specify)		Fort	Linco	oln (	Ceme	tery	08,	/29/95	Br	entwo	ood,	Maryland
	21. SIONATURE OF FUNERAL	SERVICE LIC	ENSEE			22	MAME AL	D ADDRE	OF EA	PH CEV				
	W-B		Francis Gasch's Sons Funeral Home 4739 Baltimore Ave., Hyattsville											
	23. PART I. Enter the dis	seasea, or c	omplications that	caused the c	death. Do r	not anter	tha mo	de ot dyi	ng, auch	aa cardiac	or respi	retory an	reat,	Approximate
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition )  Onset and Death disease or condition )													
	desease or condition resulting in death)  a. Adenocurement Rt lung-Post Promorating 3 Rally  DUE TO (OR AS A CONSCOUENCE OF):													
	DUE TO (OR AS A CONSEQUENCE OF):													
NO	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
ATI	If any, laading to immediate cause. Enter UNDERLYING													
띮	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
F	resulting in death) LAST													
EDICAL CERTIFICATION	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS													
S	TATT II. Othar aignitical	it condition	contributing to	death but not	reaulting	in the ur	ndariying	cause g	iven in	Part i. 24	PERFOR		24b	MAILABLE PRIOR TO
ă										_ 1	YES 2	No		OF DEATH?
Σ	DID TOPACCO HE	CE CONTE	UDUTE TO CAL	ICE OF DE	ATLL NO	c Jen i		1111.0						1 TES 2 NO
AN	DID TOBACCO US		IBUIE IO CAI		AIH YE			UNC	ERTAIN	1 [				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient		OTHER	R:	-0-						
H	27. MANNER OF DEATH		26a. DATE OF	INJURY	28b. TIM	· v	28c. INJ		aldence	8 Other (S)		LIURY OC	CURED	
ВУР		Pending restigation	(Month, Da	ly, Year)	INJ	URY M	WO	RK7 ES 2	NO					
	a Contesta	Could not be	28e. PLACE OF	INJURY — A1 h	nome, farm, s	treet, fact	ory, office			28f. LOCATIO	N (Street a	nd Number	or Rural I	Route Number,
		etermined	building, I	itc. (Specify)					1	City or To	wn, State)			
COMPLETED	29a. CERTIFIER 1 CERTI	FYING PHYSIC	CIAN: To the best of a	my knowledge, d	feath occum	d at the 1	Ime, date	and place	and due	to the council	) and men	her as also	led	
₩ N														s) and manner as stated,
- 11	SO TIGNATURE AND TITLE		1					29c. LICE						(Month, Day, Year)
H	Muchael	4	Darry					DI	1	8/8	-	▶ 7	TY	(mornin, bay, rear)
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (IT)	EM 27) (§5%	Prints		U7	61	160		d	100	ug / O
	M. Josef David WD													
1	31. DATE FILED (Month, Day, W	bar)	32. REGISTRAF		11	. 4	7	Red	A					
	2/ Ung 9.	5	AUG 3	1 1995	Jel	w dolla	PERMIT	MAN	4					
	7													DHMH-16 Rev 1/89

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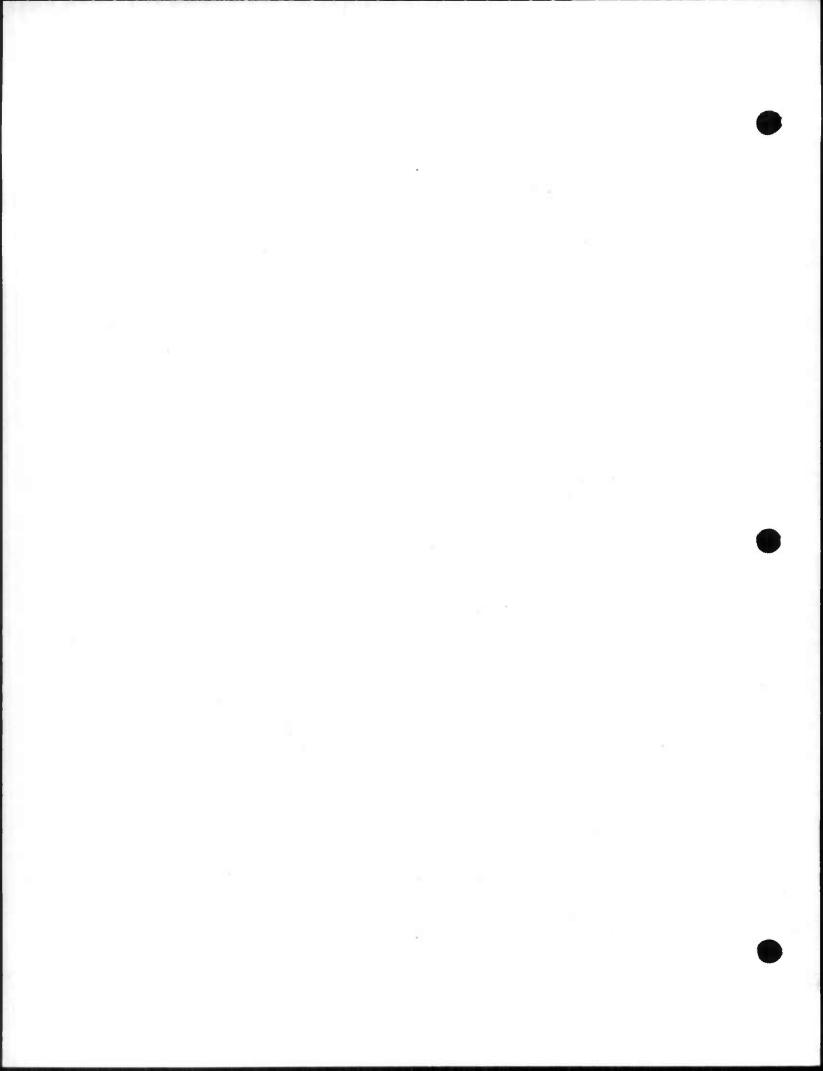
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1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CEI	311F	CATE O	- DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH			3. TIME OF DEATH
	CATHERIN	r		НО	AT IF				4, 1	995	11:30P
			VGE (In yrs. lest bi		IF UNDER 1 YEAR	IF UNDER 24	$\rightarrow$	ATE OF BIRTH			LACE (State or Foreign
	156-12-1954	1 🗆 M 2 🔯 F	78		MONTHS DAYS	-	Allei,	Month, Day, Year)		Country)	
	9e. FACILITY NAME (If not institution, give street	of and number	70		9b. CITY, TOWN	00.100.000		arch 6,	-		oke, VA
ac.				- 1		tland	OF DEATH			TY OF DE	
2	4726 Bromley Av	renue			Sul	cland			PLII	ice	George's
E C	10a. STATE 10b. COUNTY			t0c. CITY	TOWN OR LOC	ATION				Τ.	IOd. INSIDE CITY
DIRECTOR	Maryland Prince	George								- 1	LIMITS?
	Maryland Prince George's Suitland 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
× ×	4726 Bromley A	venue			'	of. ZIP CODE 2	0746	5	10g. CITIZ		IAT COUNTRY?
FUNERAL	_									US	) A
1 5		12. WAS DECEDENT EV FORCES? 1 1 1	ER IN U.S. ABME	D	13. WAS DI	CENDENT OF	ISPANIC O	RIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
ΒY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR				S 2 X NO		erto Rican, etc.)		Specify	
											Black
Ē	15. DECEDENT'S EDUCAT (Specify only highest grade co.	16b. KIND OF BU	SINESS/IND	JSTRY							
Ë		College (1-4 or 5+)	IIIe. Do	NOT use				0			
₽ E	12		Com	put	er Cl	erk		Gover	nmen	t	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							irst, Middle, Maiden			
BE (	Abner Compton					Kat	her	ine Ear	1y		
	19e. INFORMANT'S NAME (Type/Print)		19b. N	AILING /	ADDRESS (Street	end Number or	Rural Route	Number, City or Tow	n, Stete, Zip	Code)	
오	Gordon C. Howe,	Jr. (So	on) 160	02 M	arblew	ood Ave	enue,	Hyattsv	ille,	MD	20785
1	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Remove		20b. PLACE AND	DATEO	DISPOSITION	lame of		DATE 20c. LO	CATION — C	Ity or Town	State
	1 N Burlet 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	al from State	Harmon					100		-	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE //	nathion	y Me		AND ADDRESS			naovi	/	nar j rana
	× 11101.0011	n of t	Shall	60					a 1 H	ome	20705
	1 ) Well all	La. K	HUY!	1081	747	4 Land	over	Rd. La	ndove	r. Ma	20785 aryland
	23. PART i. Enter the disesses, or con	mpilcetions that car	used the death	n. Do no	t enter the m	ode of dying	such as	cardiac or reap	ratory srre	at,	Approximate
1 1	shock, or heart fallure. Lis	st only one cause of	n each line.								Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Onset and Death  Onset and Death										
	resulting in death)  Quint To (OR AS A CONSEQUENCE OF):										
_		002 10 (011	A CONSCOOL	NOE OF							i
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR	AS A CONSEQUE	NCE OF							-
₹	if any, leeding to immediate cause. Enter UNDERLYING		NO NO CONCEGUE	INOL OI )							i
[윤]	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF							
ΙĒΙ	resulting in death) LAST	12 (-11									
贾	d										<u> </u>
	PART II. Other aignificent conditions	contributing to dear	th but not rest	ulting in	the underlyl	ng cause give	n in Part	i. 24a. WAS AN		24b. W	VERE AUTOPSY FINDINGS
EDICAL	r							PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES 2	A-NO	0	F DEATH?
Σ	DID TODACCO HIST CONTINU									1	TES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIE	BUIE TO CAUSE					TAIN L	1			
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	28. PLACE C		Check only one	)					
XS	1 \$7 YES 2 NO 1	☐ Inpatient 2 ☐ ER/	Oulpatient 3 🗆		□ Nursing Ho	me 5 Reside	ence 8 🗆	Other (Specify)			
H	27. MANNED OF DEATH	28a. DATE OF INJU (Month, Day, Ye	RY 2	8b. TIME INJU		JURY AT ORK?	26d.	DESCRIBE HOW I	NJURY OCC	JRED	
8	1 Natural 5 Pending 2 Accident Investigation					YES 2 N	0				
	3 Suicide S Could not be	28e. PLACE OF INJ building, stc. (	URY - At home,	, ferm, str	eet, fectory, off	Ce	281.	LOCATION (Street	and Number o	r Rural Rou	ite Number,
TED	4 Homicide determined	building, sto. (	<i>арвену</i> ј					City or Town, Stete)			
É	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the heat of m: 5	nowledge dans	accur- 1	at the the	a and other	d allie a lie				
COMPL	(Check only one)  2 MEDICAL EXAMINER:										CANCEL THE MAN
8					, my spinion,	Y		unia aun biaca, su	u due to the	cause(8) 6	mu menner es stated,
띪	296. SIGNATURE AND TITLE OF CERTIFIER	4:	ann	1		250 LICENSE	ENUMBER	2	294 DATE	SIGNED (N	Apreth, Dieg. Wear)
10 E	Mind and Like	conque	2000	/		H21	13	0 0	stup	142	511995
-	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CASSE OF	WEATH (ITEM 2)	7) /7jgse, P	Wint)	7	0.	0	1/2	2.1	111
	Mulusto P. Kas	WKUEZA	40.3	00	9 hay	burn	( st	CASO	11/1	03	10748
	1 1 1 1 1	F-71	-								
1	31. DATE FILED (Month, Day, Mar)	A PEGINTRANTS	IGNATORE	, /	-		-	00	-		//



DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should O yad.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	caminer must be notified at once.	
O DE COMPLETED DA DIVERCIAN: MEDICAL OCUTIONAL	COMPANY OF COURT OF CALL	Г

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH t. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN JAMES AUG. 2:20AH 70/V SR 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
SEPT. 2007. 191 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreig Hamlet, NC 577-01-1912 1XXM 2 F 83 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery SilverSpring MidAtlantic Manor At Layhill RESIDENCE OF DECEDENT 10a STATE N/a 10c. CITY, TOWN OR LOCATION N/a 10d. INSIDE CITY Washington, D.C. XX YES 2 NO 10a. STREET AND NUMBER tof. ZIP CODE too, CITIZEN OF WHAT COUNTRY? UNITED STATES 20024 1435 4th St., S.W. #B-412 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuben, Mexican, Puerto Rican, etc.)
t YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 20 1 Never Married 2 Merried Specify: Black 3 Widowed 4XX Divorced 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Manager C&P Telephone 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) AHAVA GORDON ALFRED HARRINGTON 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2304 Sheldon Ave #8 Atlantic City, NJ. 08401 JAMES P. HARRINGTON, JR 20s. METHOD OF DISPOSITION
1 □ Burlet 2 □ Cremetton 3 ▼ Memovet from State
4 □ Donetton 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Greenwood Cemetery 9/3 Pleasantville, NJ. 22. NAME AND ADDRESS OF FACILITY
Alexander S. Pope Funeral Homes 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M859 2617 Penn. Ave., S.E., WDC 23. PART I. Enter the diseases, or complications that clused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Desth IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART il Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? PERFORMED? 1 - YES 2 NO Dowel come 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER:
4 Nursing Nome 5 Residence 8 Other (Specify) HOSPITAL 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 286. TIME OF INJURY N/A 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? N/A 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation N/A M 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 | Homicide determined N/a N/A1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beels tion and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and menner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Colie DRi

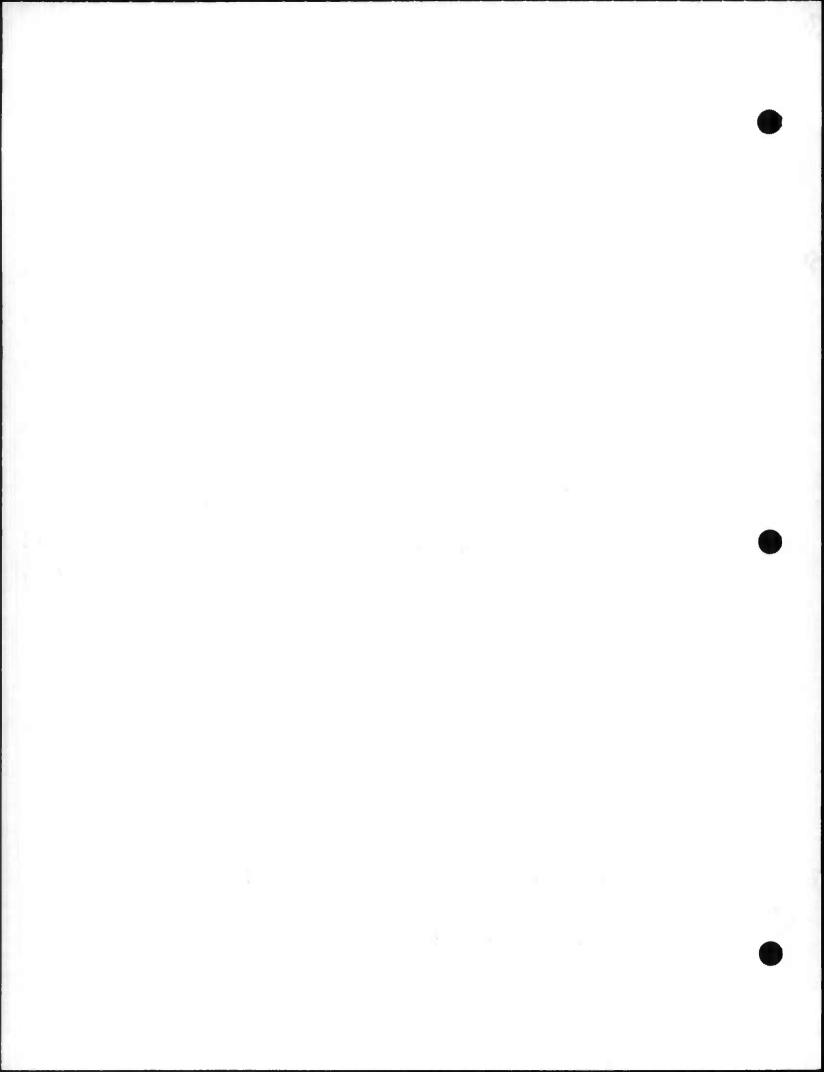
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the executed writer 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hypters prior to burial, cremation, or member is should be neitfield at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR	- OTATE OF MAIL	CERTIF	ICATE	OF DEAT	TH IN	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Ourtrude	E. 1	Haas				2. DATE OF DEATH MANTH DA	9 /	923	3. TIME OF DEATH  3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-28-5952	1 🗆 M 2 💢 F	87 vrs.		DAYS HOURS	MIN.		1908	8. BIRTHI Country MAF	PLACE (State or Foreign RYLAND
TOR	9a. FACILITY NAME (If not institution, give st  NATIONAL LUTH RESIDENCE OF DECEDENT		Ε		OCKVIL		ATH		ITGON	MERY CO.
DIRECTOR	10a. STATE 10b. COUNTY	IMORE CI		Y, TOWN DR	LOCATION LTIMOR	E				10d. INSIDE CITY LIMITS? 1X YES 2 NO
FUNERAL	100. STREET AND NUMBER 630- S. KEN	IMOOD			10f. ZIP CODE	1224	1	10g. CIT	U.S.	HAT COUNTRY?
BY	11. MARITAL STATUS 1  Never Merried 2  Married 3  Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	H.	AS DECENDENT O	n, Mexican,	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EQUC (Specify only highest grade of Elementery/Secondary (0-12) 1 2		16a. DECEDENT'S (Give kind of life. Do NOT u HOME	work done du se retired.)	iring most of working	og.	166. KIND OF SUS			Ξ
BE CO	17. FATHER'S NAME (First, Middle, Last) JOHN SCHO	EBERLEIN					E (First, Middle, Maiden : DERIKA BO	,	R	
10	19a. INFORMANT'S NAME (Type/Print) REV.DR. RICHAR	D REICHAI					E, ROCKV			20850
	20a. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Remo	ovel from State	20b. PLACE AND DATE comelery, crematory or o	ther place)	TION (Name of METERY	9	1.		City or Tow	
	▶ W. M. Hys	INGER IINA			AME AND ADDRES HYSONG	CO.		CH	DC	
	23. PART I. Enter the diseases of cahock, or heart failure. I.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or	0 \$;S	not enter ti	he mode of dyl	ng, such	as cardiac or respir	ratory an	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO OUR A	S A CONSEQUENCE OF	Lear	ia + R	ent	une			yrs
L CER	PART II. Other significant conditions	contributing to deati	but not resulting	in the und	erlying cause o	siven in P	art L 24s. WAS AN	MITTOREY	246	WERE AUTOPSY FINDINGS
MEDICA							PERFORM + □ YES ∯	MEDT		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN:	DID TOBACCO USE CONTR		OF DEATH YE			ERTAIN				.0.0.10.00
PHYSIC	EXAMINER?  1 YES 2 NO  27. MANNED OF DEATH	HOSPITAL: 1   Inputient 2   ER/O			ng Home 5 🗆 Re		Other (Specify) 28d. DESCRIBE HOW IN	LILIBY OC	CURED	
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Yea	IRY At home, farm,	M M	WORK? 1 YES 2 Y, office	] ND	28f. LOCATION (Street as			oute Number
LETED	4 Homicide determined	building, etc. (S	pecity)		<u>-</u>		City or Town, State)			
COMPL	(Check only one) 2 MEDICAL EXAMINER	EAN: To the best of my kn								and manner as stated.
O BE	29/3 GNUTURE AND TULE OF CERTIFIER  LOUIS LA	1. / Cara	et v	0	29c. U6	NSE NUMB	726	29d, DAT	ESIMED O	0/25
	DR. CHARLES W				S DRIV	E, R	OCKVILLE	E,MD	.208	350
	SEP 01 1995	37 REGISTRAR'S SI	GNATURE LALL	36						



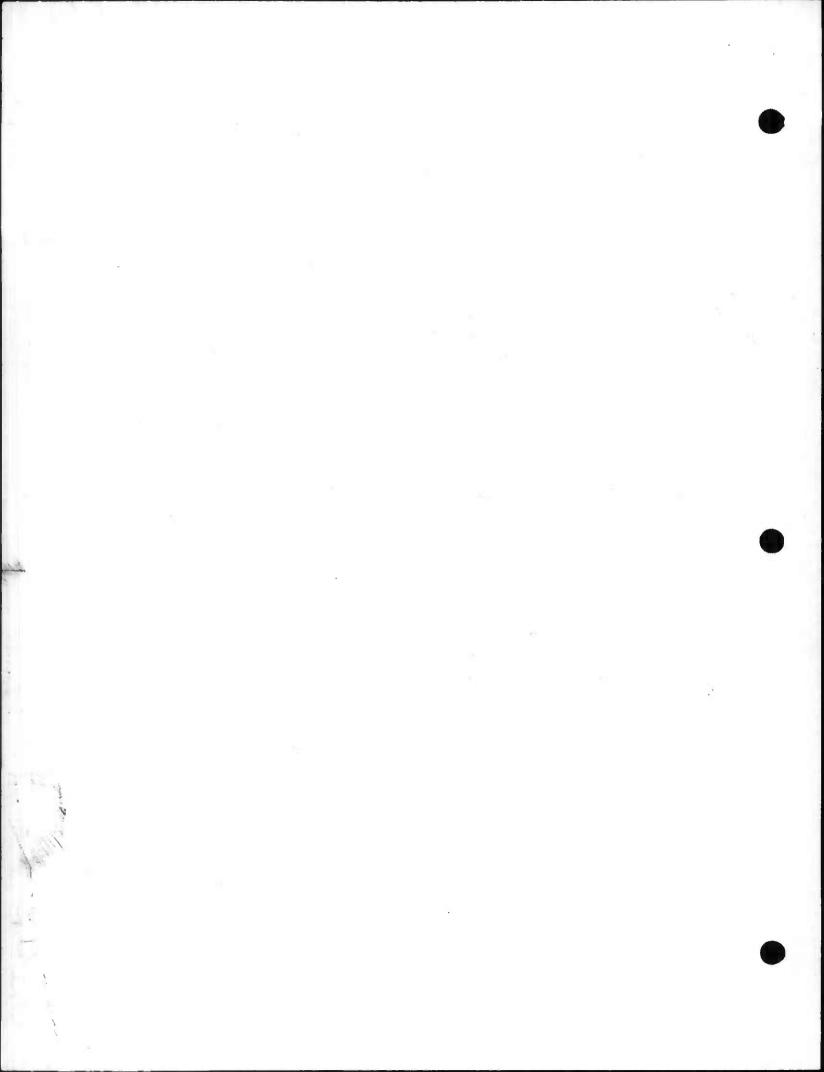
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

Ш	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest)		Hawk	INS		2. DATE OF DEATH		3. TIME OF DEATH
	41.4	1 🗆 M 2 💢 F	46 YRS.	IF UNDER 1 YEAR WONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DANE OF BIRTH	,1949	BIRTHPLACE (State or Foreign Coupling ASHINGTON, DO
HOT	99. FACILITY NAME (If not Institution, give street PRINCE GEORGES  MESIDENCE OF DECEMENT			96. CITY, TOWN O	LY	ATH	PRINC	OF DEATH E GEORGES
- DIRECTOR		E GEORGES	1 '	TTSVIL	LE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	6605 STANT ON RO	12. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	ZIP CODE  20784  ENDENT OF HISPAN	IC ORIGIN? (Specify	U.S.	BACE - American Indian
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced  15. DECEDENT'S EDUC	FORCES? 1 YES	·s ^	1 🗆 YES	2X NO Specify			Black, White, etc. Specify: BLACK
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mos retired.)	st of working	1.54.2.00	ATLAN	
ON	17. FATHER'S NAME (First, Middle, Last)		- 11.1	LIAL L		AE (First, Middle, Meid		
TO BE	DALE T. MAL 190. INFORMANT'S NAME (Type/Print)	VIN	19b. MAJLING A	DDRESS (Street or	CAROL nd Number or Rural R	INE E.	FIELDS	
F		AWKINS	6605 S	TANTON	RD., HY	ATTSVILL	E,MD.2	0784
	20a. METHOD OF DISPOSITION  1 Neuriel 2 Cremetion 3 Remove	umi from Ctata	ACE AND DATE OF	and an other section in the section is			OCATION — City	
	4 Donation 5 Other (Specify)		MONY CE		D ADDRESS OF FAC	3/2/95  LA	NDOVER	MARYLAND
	*m	Mudde	1	3200	R.I.AVE.	,MT.RAI	NIER,M	
	23. PART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	y per ferrence	1 line.					Interval Between
_	_//	DUE TO (OR AS A(CO	INSECUENCE OF):			des	are_	-
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO						
ERT	reaulting in death) LAST							
AL.	PART II. Other aignificent conditions	contributing to deeth but of	not resulting in	the underlying	ceuse given in F		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC				/		I U YES	2 NO	OF DEATH?
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF I	DEATH YES	NO D	UNCERTAIN			10.00 10.00
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. HOSPITAL:	PLACE OF DEATH					
YSI	t PYES 2 NO	1 - Inpatient 2 - ER/Outpatie	mt 3 DOA 4		5 - Residence	Other (Specify)		
ВУ РН	27. MANNER OF DEATH  1 P Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUR	M 1 Y	PRY AT RK?	28d. DESCRIBE HOW	INJURY OCCURE	D
60	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, str	eet, fectory, office		281. LOCATION (Stree City or Town, Stel		ural Route Number,
COMPLET		IAN: To the best of my knowledg						use(s) end manner ee stated.
	295. SMMATURE AND TITLE OF CENTIFIER	1			29¢. LICENSE NUM		-	INED (Month, Day, Year)
TO BE	SO HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	rint)	921230	0	Jagu:	X71995
	HUGUSTOF, PO CIVE 31. DATE FILED (Month, Day, Year)	GUEZ MD, 57	109 Kay	Dum (	It Cp.	go. M	1 20	748
1	SED 01 1995	Jahr Danaler	naval		,	/		-

in 24 hours a ety filled in by nation, or rem	DALLIMONE,	ath. Page 6 may be	meral director, page
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 IOTHE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fill the within 72 hours after death with the State Dept. of Health and Mental Hyghere price to burial, cremation fills	2	hours after de	ed in by the fu or removal.
		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

	FOR STATE REGISTRAR	STATE OF M			RTMENT				MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DA	W	YEAR	3. TIME OF DEATH	
	Jessie B. Hahn	5. SEX							-	1995		12:15 ам	
	219-36-0174	1 M 2 K F	6. AGE (In yrs. le	st birthday)  1 YRS.	MONTHS		IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	1903	Country		
	9e. FACILITY NAME (If not institution, give at	reet end number)			9b. CITY, 1	OWN OR	LOCATI	ON OF DE	Sept. 15, 1903 Maryland				
DIRECTOR	Frederick Memoria	l Hospita	1			eder				1	rede		
E C	10a. STATE 10b. COUNTY			10c. C/1	Y, TOWN OR	LOCATIO	N					10d. INSIDE CITY	
	Maryland Car	roll		1	t. Ai							LIMITS?	
FUNERAL	10e. STREET AND NUMBER					10f, Z	IP CODE	E		10g. CITI	ZEN OF W	HAT COUNTRY?	
i iii	1103 N. Main Stre	eet				2	177	1		U.S	S.A.		
اج ا	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AI	RMED	13. W	S DECEN	DENT C	F HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.	
BY I	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	NO				Specify	n, Puerto Ricen, etc.)		Specif		
	1/2-11	77.00										White	
H	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	10	the kind of	USUAL OCC	UPATION ring most o	of working	ng	16b. KIND OF BUS	SINESS/IND	USTRY		
1 7	Elementary/Secondary (0-12)	College (1-4 or 5+)	In	. Do NOT u					,				
once. COMPLETED	7th Grade  17. FATHER'S NAME (First, Middle, Last)			nous	ewife				hero		ome		
5 3						1		n. Mother's NAME (First, Middle, Meiden Surname)  Mary Gertrude Spurrier					
8 H	William Rigler  19a. INFORMANT'S NAME (Type/Print)			Mary Gertrude Spurrier  ESS (Street and Number or Pural Poute Number, City or Town, State, Zip Code)									
<b>夏</b> 2	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa												
9	Mr. Mike Harrison				Gilli			Roa				1797	
2	1 X Burial 2 Cremation 3 Remo	oval from State	cemetery, cri	ematory or o	of Dispositi ther place)					CATION —			
5	4 Donation 5 Other (Specify) Fairmount Cemetery 9/11/95 Libertytown, Maryland												
	21. BIGHATURE OF FUNERAL SERVICE CENSEE  22. NAME AND ADDRESS OF FACILITY BURRIER-Queen Funeral Directors, P.A.												
<u> </u>	1212 W. Old Liberty Road Winfield, MD21784												
or other traumatic event, the medical examiner must be notified at once.  FRTIFICATION  TO BE COM	IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one ceus	e on each line	).				-			eat,	Approximate Interval Between Onset and Death  48 Arx  Most qRS	
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Corectal Nastolo Cause Consciuence of:  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
: MEDICAL CE	PART II. Other aignificant conditions	ine h	eng	f	re	ne V			PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
3 A	DID TOBACCO USE CONTR	IBUTE TO CAL					UNC	ERTAIN					
PHYSICIAN	EXAMINER?	HOSPITAL:			OTHER:								
5 5	1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF I	ER/Outpatient 3					eldence	6 Other (Specify)				
K	1 Netural 5 Pending	(Month, Day		26b. TIM	URY	ic. INJURY WORK 1 YES	?	NO	26d. DEŞCRIBE HOW II	JURY OCC	URED		
2 Accident Investigation   M 1 YES 2 NO    2 Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident   Accident							281. LOCATION (Street e City or Town, State)	nd Number	or Rural Re	oute Number,			
O BE COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSIC (Check only one) EXAMINER								to the ceuse(s) and man			and manner as stated	
BE C	29b. SIGNATURE AND FITTE OF CERUPPER		-					NSE NUM				(Month, Day, Year)	
2	20. NAME AND/ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH (ITE		Print)	// /	Dr.	ive	M+A	i'ry	Le	121771	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR								1	/		
	SEP () 8 199	5 juna di	Rusherk	whell									



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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed withing a feet death. Page 8 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 0

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

3 Sulcide

TO BE COMPLETED BY FUNERAL DIRECTOR

								9	5 28210
FOR 1 - STATE	STATE OF I						MENTAL HYGIENI		
REGISTRAR		C	ERTIFIC	CATE OF	DEAT	Н	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	1.40.0.0.0.00						2. DATE OF DEATH DATE	,	3. TIME OF DEATN
VELMA F	HOLLE				,	1		0	1995 9:30 A M
4. SOCIAL SECURITY NUMBER 220 16 6674	5. SEX 1 ☐ M 2 🎇 F	6. AGE (In yrs. le:		FUNDER 1 YEAR	HOURS 2	50004	7. DATE OF BIRTH (Month, Day, Year) AUGUST 13,	192	8. BIRTNPLACE (State or Foreign Country) 5. MARYLAND
9e. FACILITY NAME (If not institution, give s	treet and number)	-		9b. CITY, TOWN	OR LOCATIO				NTY OF DEATH
MEMORIAL HOSPIT	AL			CUMBE	RLAND	)		A	LLEGANY
PA 106. COUNTY	DFORD			JFFALO					tod. INSIDE CITY LIMITS?  1 YES 2 X NO
R. D. 1, BOX 39	)			1	15534	4			IZEN OF WHAT COUNTRY?
1t. MARITAL STATUS  1 Never Married 2 X Merried  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO	If yes, s	CENDENT OF pecify Cuben, S 2 X NO	, Mexicer	IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5	+)	ive kind of wo . Do NOT use	SUAL OCCUPATION of done during in retired.)  ERED NU	ost of working		16b. KIND OF BUS		HOSPITAL
17. FATHER'S NAME (First, Middle, Last) ERNEST NELSON S	CREEN						A. FRANCIS		
J. GUY HOLLER,	JR.	19	B. MAILING A	1, BOX	and Number of	r Rural R BUFF	FALO MILLS,	, State, Zip PA	15534
20s_METHOD OF DISPOSITION 1 A Suriel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from State			DISPOSITION (		/02/			City or Town, State FALO MILLS, PA
21. SIGNATURE OF FUNERAL SERVICE/LIC	Legli	~		HYND	MAN, I	PA		36	
23. PART I. Enter the disease, or canonic disease or condition resulting in death)  Sequentially list conditions.	DUE TO	OR AS A CONSE	OUENCE OF):	In	ode of dyin	g, such	ss cardlec or respir	atory arr	Approximate Interval Between Onset and Death
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	(OR AS A CONSE							
PART II. Other significent condition	a contributing to	deeth but not i	resulting in	the underlyl	ng ceuse gl	ven in i	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH YES	\ \ON □	JUNCE	RTAIN			1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLAC	-	(Check only one					
1 YES NO	HOSPITAL:	ER/Outpetient 3		OTHER:	ne 3 Real	Idence	8 Other (Specify)		
27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, D		28b. TIME INJUI	RY W	JURY AT ORK? YES 2		28d. DESCRIBE NOW IN	JURY OC	CURED

4 Nomicide

29c. LICENSE NUMBER

ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR W G F 10.

31. DATE FILED (Month, Day, Year)

CEP () 1 1995

MEDICAL BLDG

CUMBERLAND, 21502 MD

29d. OATE SIGNED (M)

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

MEMORIAL
32. GEGISTHAN'S SIGNATURE

28e. PLACE OF INJURY — building, etc. (Specify)

nth, Day, Year)

Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				GIENE 3. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)			AIL OI	DEATH	2. DATE OF DE	ATH		3. TIME OF DEAT	ГН
	MICHAEL ALTO	N HARDY				August	27.19	YEAR Q.5	6:40	рм
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	TH		PLACE (State or Fo	preign
	568-17-1731  9a. FACILITY NAME (If not institution, give s	1 M 2 F	38 YRS.		OR LOCATION OF O	March 2	20,1957		ORIDA	
DIRECTOR	MEMORIAL HOSP	RLAND			EGA					
REC	10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY	
	MARYLAND ALL	EGANY	CUME	BERLAN	ZIP COOE	ZEN OF W	1 YES 2 W	NO		
FUNERAL	SETON DRIVE			2	1502					
N N	11. MARITAL STATUS	12. WAS OECEDENT EVER I	IN U.S. ARMEO	13. WAS OE	ENDENT OF HISPA			14. RACE	— American Indi	en,
ΒY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	DATES		ecify Cuben, Mexic 2 NO Speci		tc.)	Specif	ack, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	done during me		16b. KIND (	OF BUSINESS/IND	USTRY	WIIII	
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	CONSTRUC	etired.)		001	CTDUCT	TON		
OME	17. FATHER'S NAME (First, Middle, Last)		CONSTRUC	TION	WORKER	AME (First, Middle, I	ISTRUCT	TON		
III	AUBREY LAWRES	NCE HARDY				MARGARE		ENC	E D	
0	19a. INFORMANT'S NAME (Type/Print)	TOE TIME	19b. MAILING AD	ORESS (Street I	and Number or Rural	Route Number, City	or Town, State, Zip	Code)	<u> </u>	
5	HELEN R. PASSAF	RELL	14725	OAKWO	OD AVE.	-CRESA	PTOWN,	1D 2	1502	
	20s. METHOD OF DISPOSITION  1 X Burist 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovet from State Can	b. PLACE AND DATE OF D metery, crematory or other	place)		1 / /	Oc. LOCATION — C			
	21. SIGNATURE OF FUNERAL SERVICE LIC		IL'I CREST	BURIA 1 22. NAME AI	PARK D ADDRESS OF FA	8/31/95	CUMBE	RLA	ND, MD	-
	Mars A. S	Inchuse		GEOR	GE-UPCH	URCH F				2
	23. PART I. Enter the diseases, or o	emplications that cause	d the death. Do not	enter the mo	GRFFNF de of dyling, auc	ch as cerdiac or	MRFRIAN reapiratory arm	ID M	Approxim	
	shock, or heart failure.  IMMEDIATE CAUSE (Fine)	List only one ceuse on e	ech line.						Onset and	etween
	disease or condition resulting in death)	. PNEUMONI							1 da	v
			A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions,		AS EXPOSE A CONSEQUENCE OF):	JRE					8 yr	S
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c.							-0	
E	that initiated events	OUE TO (OR AS A	A CONSEQUENCE OF):							
HH	resulting in death) LAST									
甘	PART il. Other significent condition		out not resulting in t	he underlyin	ceuse given in		AS AN AUTOPSY ERFORMED?	24b.	WERE AUTOPSY FI	
DIC	VEGETATIVE SI	ATE					ES 2 NO		COMPLETION OF CO	
M	DID TORACCO LIST COART	DIBLITE TO CALLES A	AF DELTIL AGE		1				1   YES 2   1	10
AN	DID TOBACCO USE CONTI	KIBUTE TO CAUSE C	26. PLACE OF DEATH (		UNCERTAI	иЦ				
SIC	EXAMINER? 1 X YES 2 NO	HOSPITAL:	0	THER:	e 5 🗆 Residence	6 Other (Specif	lvi.			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ				URED	evalos	ion
BY	1 Netural 5 Pending 2 X Accident Investigation	Oct6,198	7 P	M 1 💢	rES 2 NO	Exposi	ire to	tox	tergas	1011
	3 Suicide 6 Could not be	building, etc. (Spec		rt, factory, offic	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
9	29e. CERTIFIER	West Va		X20 XX - 2		LUKE,		1540	0	
COMPLETED		CIAN: To the best of my know R: On the besis of exemination							and manner as si	ated.
C	296. SIGNATURE AND TITLE OF CERTIFIES	9			29c. LICENSE NUI				(Month, Day, Year)	200
TO BE	Unc	~			D0915				t 29,19	95
-	D. A. H. C. A. C. H. C. A. C. H. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C. A. C.									
	PAUL SNOW, M.D. 31. DATE FILED (Month, Dev. Year)	. 124 W 3r	d St., CI	umber	and, M	D 2150	)2			
	AUG 9 0 1995	Ali Davidson								
	VAR 8 0 1882	Charles an immediately	word						OHIN 1	

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday F UNDER 1 YEAR IF UNDER 24 HR 22-6331 permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH. 9800 P DIRECTOR EDEN 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION MARYLANC linton FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 9800 funeral director, page 5 should be detached for use as the burial-transit 20735 after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced 9 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) E Elementary/Secondary (0-12) College (1-4 or 5 +) Mechani COMPL 0 National notified at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Joseph Harley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and 2 Romaine 9800 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Buriel 2 Cremetion 3 Remo Resurrection 9 4 Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUMERAL SERVICE LICENSEE 77 NAME AND ADDRESS OF 4clains unera has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the discusse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disesse or condition resulting in death) assile Cancel metastolio event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events PART II. Dther significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL shows any DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 23 25. WAS CASE BEFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h item HOSPITAL: 1 VES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER-OF DEATH 26a. DATE OF INJURY 28c. INJURY AT WORK? marked, 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 28 18 ETED. 8 Could not be after . 4 Homicide determined item COMPL 1 CEBRIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL D be filed within 72 ho IMPORTANT: If it HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFICE 29c. LICENSE NUMBER BE 出 Sugrato D21230 odrywy mis 2 O COMPLEYED CAUSE OF DEATH (ITEM 27) (Type, Print) Augusto Rodriguez, M.D. 5009 Rayburn Ct., Camp Springs, MD 20748

32. REGISTRAN'S SIGNATURE PARALLE

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month, Day SEP 0

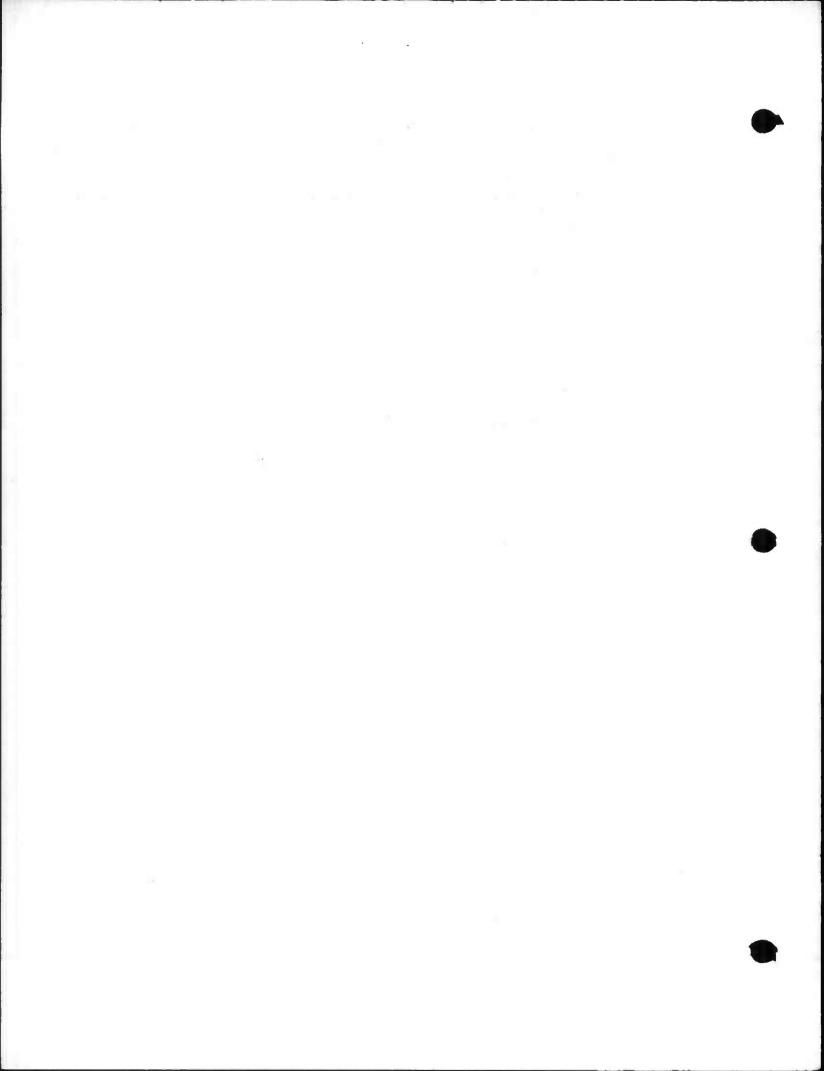
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CERTIFICATE OF DEATH

Harley

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH 3. TIME OF OEATH 5:157 eptemper 7 DATE OF BIRTH BIRTHPI ACE /State ARI 9c. COUNTY OF DEATH Prince 10d. INSIDE CITY 1 YES 2 NO 100. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian. Black, White, etc. -ndiAN 16b. KIND OF BUSINESS/INDUSTR State Zio Code 20735 20c. LOCATION - Oity or Town, State MI) 20608 MID Aguasca Approximats Interval Batween **Draet and Death** 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 |-NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DATE SIGNED (Month, Day, Year)



10g. CITIZEN OF WHAT COUNTRY? U.S.A.

> Specify: Black

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)
MD

10d. INSIDE CITY LIMITS? 1 X YES 2 NO

14. RACE — American Indian, Black, White, etc.

0800

2. DATE OF DEATH MONTH

•			Alice Virginia H	opkins							MONTH	t 13		95
	l, 2, 3 should		4. SOCIAL SECURITY NUMBER 218-20-5744	5. SEX	6. AGE (In	yrs. lest birthday) 6 YRS.	IF UNDE MONTHS	DAY!		24 HRS. 7.	Month, De	вияти by. Year) -1909	a	8. BIRTHPLACE Country) MD
			9s. FACILITY NAME (If not institution, give	e street end number)			9b. CIT	Y, TOW	N OR LOCATE	ON OF DEATI		-130.	_	ITY OF DEATH
		TOR	Kent & Queen Anr	e's Hospit	tal_		Ch	est	ertow	n			Ker	it
020 physician. burlal-transit permit. Pages 1,	nit. Pages	DIRECTOR		Kent		10c. CIT	n town hest	ert	OWN					10d.
	ansit per	FUNERAL	4 Satterfield	Ct., Canr	non S	t.			216					J.S.A.
215-0020	the burlat-tr	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	YES	EVER IN U.S. ARMED  YES 2 NO R OR DATES  13. WAS DECENDENT OF HISPA II yes, specify Cuben, Maxic 1 YES 2 NO Specify					ORIGIN? (S 'uerto Rica	pecify Yee n, etc.)	or No-	14. RACE — Am Black, White Specify:	
215	use as	ED	15. DECEDENT'S E (Specify only highest gra	DUCATION		16a. DECEDENT'S	USUAL C	OCCUPA	TION		16b. KIR	ID OF BUS	INESS/IND	Bla
AND 21		COMPLET	Elementary/Secondary (0-12) 6th	College (1-4 or 5 +	)	Domes		during .	most of working	19	P	riva	te fa	milies
AN	detached once.	ŏ.	17. FATNER'S NAME (First, Middle, Last)	<del></del>					18. MOTI	ER'S NAME	J			
	2 %	ш	Henry Hopkins						E	rie Mu	irray		21	
MARY	5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)						et end Number					Code)
2	6 6		Doris Hynson		_			-	, Che	sterto	wn,			
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OF VITAL RECORDS, P.O. BOX 68' PHYSICIAN: The law requires that the death certificate be execute this certificate has been signed by the attending physician and o with the State Dept. of Health and Mental Hygiene prior to burish with the Team 23 enhance and Inlance or other transmetter	nding physician and completely filled in Hygiene prior to burial, cremation, or pr other traumatic event, the me	CERTIFICATION	shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO C.	OR AS A CO	CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQ	n: n: its	al	fi	stul	'a,			
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			30. NAME AND ADDRESS OF PERSON V	W ZZ	S OF DEAT	h (ITEM 27) (Type,	Print)	be	steets	own,	M	0	216	20

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

'95

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

City or Town, State, Zip Code) MD 21620 20c. LOCATION — City or Town, State
5 Chestertown, MD mes A.Perkins Funeral Hall Ave., Rock, Hall, MD or reapiratory arrest, Approximata Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE . WAS AN AUTOPSY PERFORMED? OF DEATH? 1 | YES 2 | NO BE NOW INJURY OCCURED N (Street and Number or Rural Route Number, wn, Stete) ) end manner se stated. place, and due to the ceuse(s) end manner ee stated. 29d. DATE SIGNED (Month, Day, Year) DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Amended # 2013, 9/6/95, SW, Calvert Ca STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DAY YEA			3. TIME OF CEATH	1
- 1	PAUL		HARRIS									20:53 P M	ı
- 1	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. les		s. last birthday)			$\rightarrow$	7. DATE OF BIRTH	OF BIRTH 8.		IPLACE (State or Foreign	1
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	9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY, TO	OWN OR LOCATION OF	DEAT		9c. COU	INTY OF C	DEATH	
E	CALVERT ME	EMORTA	AL HOSP	TTAI.		Prin	ce Frede	ri	ek	CAL	VER	Т	1
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INJURY AT WORK? 1 YES 2 NO y, office  a, date and place, and nion, death occured at  29c. LICENSE	in P	Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:  Cardiova:	AUTOPSY RMED? 2 (XNO ECT) INJURY Of and Numb onner as at	24I CON CCURED or or Rural seted. The cause	intervsi Between Onset and Death Disease  b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH 1 YES 2 NO  Route Number,  (a) and manner ea stated.  D (Month, Day, Year)  O 3 , 1995	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 4

· ( ( ) 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 26 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

asp

. 8	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MAN		ICATE O	F DEATH	REG. NO							
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  MONTH  ON YEAR  3. TIME OF DEATH											
ľ	7 (17)	SON			AUGUST 2							
!		GE (In yrs. last birthday) 83 YRS.	MONTHS DAY		7. DATE OF BIRTH	8. 84 Co	RTHPLACE (State or Foreign untry)					
	215-36-1390 1 □ M 2 √ F	83 YRS.	at arm man		1	14/4	aryland					
DIRECTOR	9s. FACILITY NAME (If not institution, give street and number) PENINSULA REGIONAL HOS	PITAL		N OR LOCATION OF D	REATH	9c. COUNTY OF DEATH WICOMICO						
2	TESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY					
E I	Maryland Worcester	Sno	w Hill				1 YES 2 X NO					
	10a. STREET AND NUMBER			tof. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?					
ER	3472 Bayside Road			2186	3	USA	4					
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 XWidowed 4 Divorced	YES 2 X NO	If yes,		NIC ORIGIN? (Specify Yean, Puerto Rican, atc.)	es or No—  14. RACE — American Indian, Black, White, etc.  Specify:  African American						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S	USUAL OCCUP		16b. KIND OF BU	SINESS/INDUSTR	Y					
COMPLETED	Elementary/Secondary (0-12) College (t-4 or 5+)	life. Do NOT us	se retired.)									
Δb	9th grade	domesti	С		house							
	17. FATHER'S NAME (First, Middle, Lest)  Edward Holland			Ama	AME (First, Middle, Melder Unda Wilson	Sumame)						
BE	EGWGFG MOLIGIG  19a, INFORMANT'S NAME (Type/Print)	195 MAII ING	AODRESS (Sm		I Route Number, City or Toy	un State Zin Corde	1					
2	Elizabeth Hudson				klyn, New							
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITION	(Name of	DATE 20c. LC	OCATION — City o	or Town, State					
	1 Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)	Coolspring	"UM CI	nurch Cem	. 9/2 Gir	dletree,	Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	AND ADDRESS OF F	ACILITY 1213 J	ersey Ro	oad - Salisbury,					
	Patare 1/16/21	1.1	Jolle	y Memori	al Chapels	- Marylo	ind 21801					
	23. PART I. Enter the diseases, or complications that ca	used the death. Do		·	· ·		Approximate					
	ahock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Small		el i	Merula	us		Onset and Death					
	resulting in death) a. DUE TO (OR	AS A CONSEQUENCE O	F):									
N	Sequentially list conditions b.											
ATIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury C.	AS A CONSEQUENCE O	F):									
FI	resulting in death) LAST	Initiated events										
2	PART II. Other aignificant conditions contributing to day	ith but not resulting	In the under	dna causa alvan k	n Part I. 24s. WAS A	N ALITOPSV	24b, WERE AUTOPSY FINDINGS					
ICAL	Afferoscerofic Cordia	-			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDI	777 - 10 300 0710 0010	0 00000			NES	2 [] NO	OF DEATH?					
	DID TOBACCO USE CONTRIBUTE TO CAUS	F OF DEATH Y	ES 🗆 NO	D UNCERTA	IN Π		1927ES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEA										
SIC	EXAMINER?  1 X YES 2 NO  1 Inpetient 2 X ER	/Outpetient 3 DOA	OTHER:	tome 5 □ Residence	8 Other (Specify)							
PHYSICIAN:	27. MANNER OF OEATH 28s. DATE OF INJ (Month, Day, )			INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D					
ВУ Р	1 Netural 5 Pending Investigation			YES 2 NO								
COMPLETED B			At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
PLE	29e. CERTIFIER (Check only	knowledge, death occur	red at the time,	data and place, and de	ue to the cause(s) and mi	anner as stated.						
OM	one) 2 MEDICAL EXAMINER: On the beels of exam	ingtion and/or investigati	on, in my opinio	n, death occured at th	ne time, data and place, a	and due to the cau	use(s) and menner as stated.					
BEC	29b, SIGNATURE AND TITLE-OF CERTIFIER	1		29c. LICENSE N			NED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OF DEATH (ITEM 27) (Type	e, Print)	O.C.M			UST 28,1995					
	David R Fowler	111 P	enn S	reet, B	Baltimore	, Mary	land 21201					
	SEP 05 1995	signature cleor Randall										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

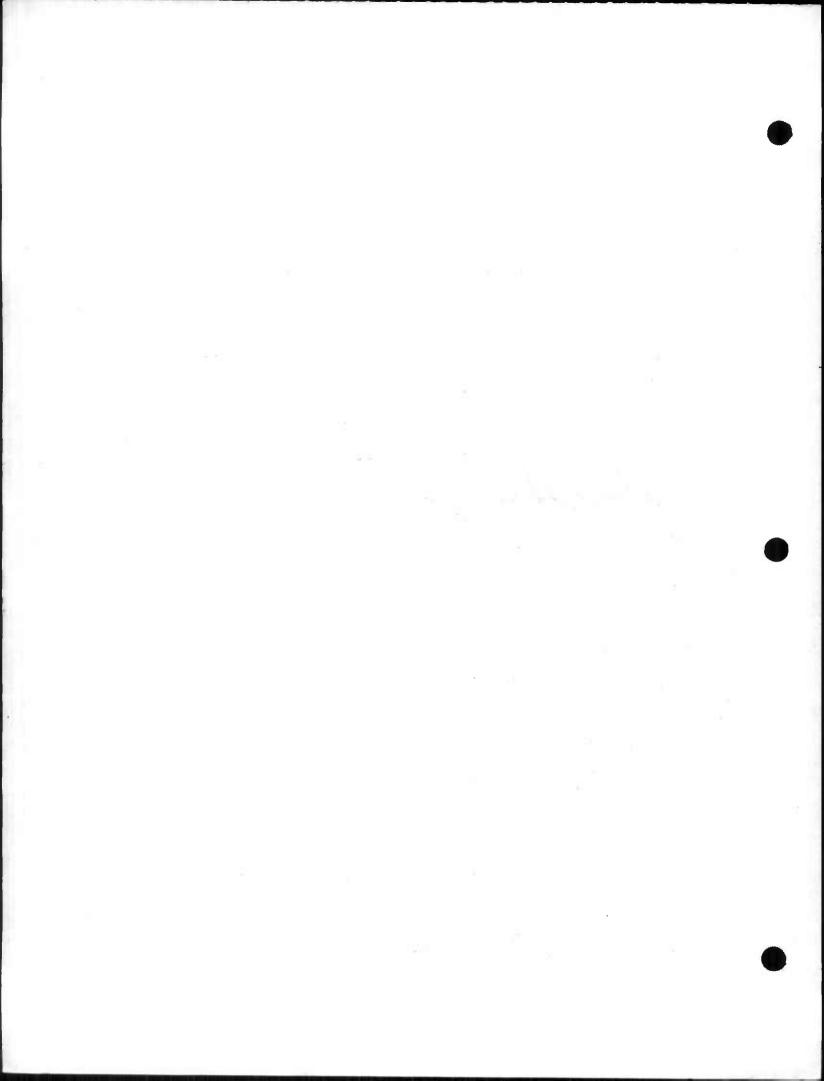
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF			GIENE 3. NO.			
1	1, DECEDENT'S NAME (First, Middle, Last)	01211111				DATE OF DEATH				
1	HARRY	FRANCE	HOSIE	R		August 2	8, 1995	YEAR	5:12 p M	
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 24 HRS.	7. DATE OF BIRTN B. BIRTHPLACE (S. (Month, Day, Year)			PLACE (State or Foreign		
	218-05-8974	218-05-8974 1 x M 2 D F 77			- Wes   25	July 16.	1918		aware	
~	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF DE	ATH	1		TY OF DEATH	
DIRECTOR	3756 Powellville Rd.			Pitt	sville		Wi	icomic	0	
EC	10e. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
	Maryland Wicomico			Parsonsburg				1 ☐ YES 2 🔯 NO		
M	100. STREET AND NUMBER			101, ZIP CODE			10g. (	WHAT COUNTRY?		
FUNERAL	7884 Jones Hast				21849			USA		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 ∑ YES	2 ND	If yes, sp	CENDENT OF NISPAN Hecify Cuban, Mexical	n, Puerto Rican, e		Blec	E — American Indian, k, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	I	1 TYES	2 X ND Specify	<i>f</i> :		Wh i		
ED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION Completed		USUAL OCCUPATI		16b, KIND	OF BUSINESS			
Ē	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT u	se retired.)	ost or working					
COMPLETED	8		Elect	rician			etrica.			
	17. FATHER'S NAME (First, Middle, Last)	II !			18. MOTNER'S NA					
BE	Fredrick N  19a, INFORMANT'S NAME (Type/Print)	Hosier	T 405 MARIAN	ADDRESS (Small	Elvah	Jame		Darby	/	
2	Barbara Coirin								MD 21850	
1	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE	OF DISPOSITION (N	eme of	DATE	20c. LOCATION	- City or To	own, State	
	1 🔀 Burlet 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗆 Other (Specify)	val from State Cem	ringhil	therplece) 1 Memory	Gardens	8/31	Hebro	on, MI		
	21. SIGNATURE OF PURERAL BERVICE LICE	PASSET 1			ND ADORESS OF FA		mo			
	bloom k	So Olhuz			Snow Hil			nrv.M	D 21801	
	23. API i. Enter the diseases, or c	omplications that cause	in desth. Do						Approximate	
	MULEDIATE CAUSE (Final	list only one cause of a	y I	0					Onset and Death	
	disesse or condition resulting in deeth)	Ctru	aryny	0			2 years			
		DUE TO (OR AS A	CONSEDUENCE	PF):	U					
ON	Sequantielly list conditions,	DUE TO (OR AS A	CONSEDUENCE D	PF):						
AT	if any, leading to immediate cause. Enter UNDERLYING									
F	CAUSE (Diseese or injury thet initiated events	DUE TO (OR AS A	CONSEDUENCE O	PF):						
CERTIFICATION	resulting in death) LAST	l								
AL C	PART il. Other significent conditions	contributing to death b	ut not resulting	in the underlyin	ig csuse given in		MAS AN AUTOP	SY 241	. WERE AUTOPSY FINDINGS	
		COPD.	-			YES 2 NO	$\wedge$	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
AED		Mulman	item				7		1 YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH Y	ES 🗌 NO 🛭	UNCERTAIL	N DEV	,			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DE	OTHER:	1	/				
IYS	1 YES 2 NO	1   Inpatient 2   ER/Outp	atient 3 DOA	4 - Nursing No	JURY AT	8 Other (Spec		00011050		
	1 Natural 5 Pending	(Month, Day, Year)		JURY W	ORK? YES 2 ND	280. DESCRIBE	SCRIBE NOW INJURY OCCURED			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	- A1 home, farm,				Bf, LOCATION (Street and Number or Rural Route Number,			
回	3 Suicide 8 Could not be determined	building, etc. (Spec	elly)			City or Town	n, State)			
٦	29a. CERTIFIER 1 PERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occur	red at the time, dat	e and place, and due	to the cause(a)	and menner as	stated.		
COMPLETED	one	R: On the basis of examination	n and/or investigat	lon, in my opinion,	death occured at the	time, date and p	lece, and due t	to the cause(	a) and menner as stated.	
BE C	296. SIGNATURE AND THE OF CERTIFIER	'A .m. V			29c. LICENSE NUI	MBER 6	72 ¥ 29d.	DATE SIGNE	D (Month, Day, Year)	
TO B	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAUSE OF DE	ATN (ITEM 27) (T	Print)	1		7	81	3949	
	TON COUSTA	MG 547	1-0 R	wisde	Pr	Sole	hul	MD	2180	
	SEP 01 1995	32 REGISTRAR'S SIGN	* Rardall				0			





DALLIMORE, MARTLAND	irs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detache removal.	edical examiner must be notified at once.	
CONTRACTOR OF ALCOHOS, P.O. BOX 607 00	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

			*				9		06.11
1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTM	MENT OF	HEALTH AND	MENTAL	HYGIEN REG. NO.	Ε		
1. DECEDENT'S NAME (First, Middle, La.	st)				2. DATE OF	F DEATH			3. TIME OF DEATH
SARA	RENEE	JANES			SEPTE	EMBER **		995	9:35P
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF				PLACE (State or Fore
218-43-4074	1 M 2 X F		5 18	HOURS MIN.	MARCH	17,1	1995	BALT	IMORE, M
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN	OR LOCATION OF O	DEATH		9c. COU	NTY OF DE	EATH
THE JOHNS H	OPKINS HOSPIT	ral	BALTIM	ORE CITY					
10s. STATE 10b. COU	NTY	10c. CITY, T	OWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND	CHARLES	WHI	TE PLA	INS				- 1	LIMITS?
10e. STREET AND NUMBER			10	H. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
8650 BILLINGSLEY				20695			1	J.S.A	
11. MARITAL STATUS  1 M Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN?	(Specify Yea	or No-	14. RACE Black	- American Indien White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF					-ani, 610.)		Specifi	y:
15. DECEDENT'S E		180. DECEDENT'S US	I/AL OCCUPAT	iON .	105 1	IND OF BUS	TINEOG (IA)		WHITE
(Specify only highest gri	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	ost of working	160, K	IND OF BUS	ME35/INI	JUSTRY		
0	compe (1-4 or 5+)	NEVER WO	RKED			N/A			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mid		Surname)		
VINCENT BRADFOR	D JANES			DIANE	FRANC	CES S	SETTI	.E	
198. INFORMANT'S NAME (Type/Print) DIANE F. JANES				and Number or Rural					COL
20g, METHOD OF DISPOSITION 1   Burlel 2   Cremation 3   Re		206. PLACE AND DATE OF D	DISPOSITION (N		OATE			City or Tow	
4 Donation 5 Other (Special)	F-0	TRINITY MEM	ORTAL	<b>GARDENS</b>	9/8	WALI	DORF	MAR	YLAND
21. SUBNATURE OF PRINSPIAL SERVICE	LICENSEE	Then		NO ADDRESS OF FA					
BENJAMIN M.	MATTHEWS M-	00658	PO	UNTT FUN BOX 156	WAI DOE	DE M	ADVI A	ND 2	0604
23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Progre	ssive hy	poxio	7					Approximate interval Battonset and I
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· tulmin	aut liver	secuence on:  Lult reapiratory distress sy secuence on:  Liver failure  secuence on:  al nutrition cholestase						2 d.
1	e induced	coagul	oot resulting in the underlying ceuse given in			4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	L. CAOSE	26. PLACE OF DEATH (			14 🗆 ]		_		
EXAMINER?	HOSPITAL:	0	THER:	ne 5 🗆 Residence	S C Outre "	Cnec/A/I	_		
27. MANNER OF DEATH	28e. DATE OF INJUR	Y 28b. TIME O	F 28c. IN.	JURY AT	-	Specify)	JURY OC	CURED	
1 Nsturel 5 Pending 2 Accident Investigation	(Month, Day, Year	) INJURY		YES 2 NO					
3 Suicide 8 Could not b	28s. PLACE OF INJUI	RY — At home, ferm, stree pecify)	et, fectory, offic	en .	28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
	SICIAN: To the best of my known NER: On the besis of examins								and manner as state
296. SIGNATURE AND TITLE OF CENTIF	M.D.			29c. LICENSE NUI D 4583					Month, Day, Year) ber 4,199
30. NAME AND ADDRESS OF PERSON & Peter Radell	Pediatric	DEATH (ITEM 27) (Typo, Prin ICU, JHH	, Bal	timore	, MD.				
SEP 0 6 199									

		Pages 1, 2, 3 should
020	physician.	burial-transit permit. F
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
E, MARYL	y be retained by t	age 5 should be
BALTIMOR	her death. Page 6 ma	the funeral director, p
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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Stanley A. Sch 31. DATE FILED (Month, Day, Year) AUG 30 1995

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	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		F UNDER 24	HRS.	7. DATE OF BIRT		8. BI	RTHPLACE	(State or Fore				
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2	19a. INFORMANT'S NAME (7	Type/Print)		1	9b. MAILING	ADDRESS	(Street end N	Number or	Rural Roo	ute Number, City	or Town, State, 2	Zip Code)	)					
-	Learo	Jack	son		860	5 Gir	ard S	St.,	Lane	dover,	Md 20	785						
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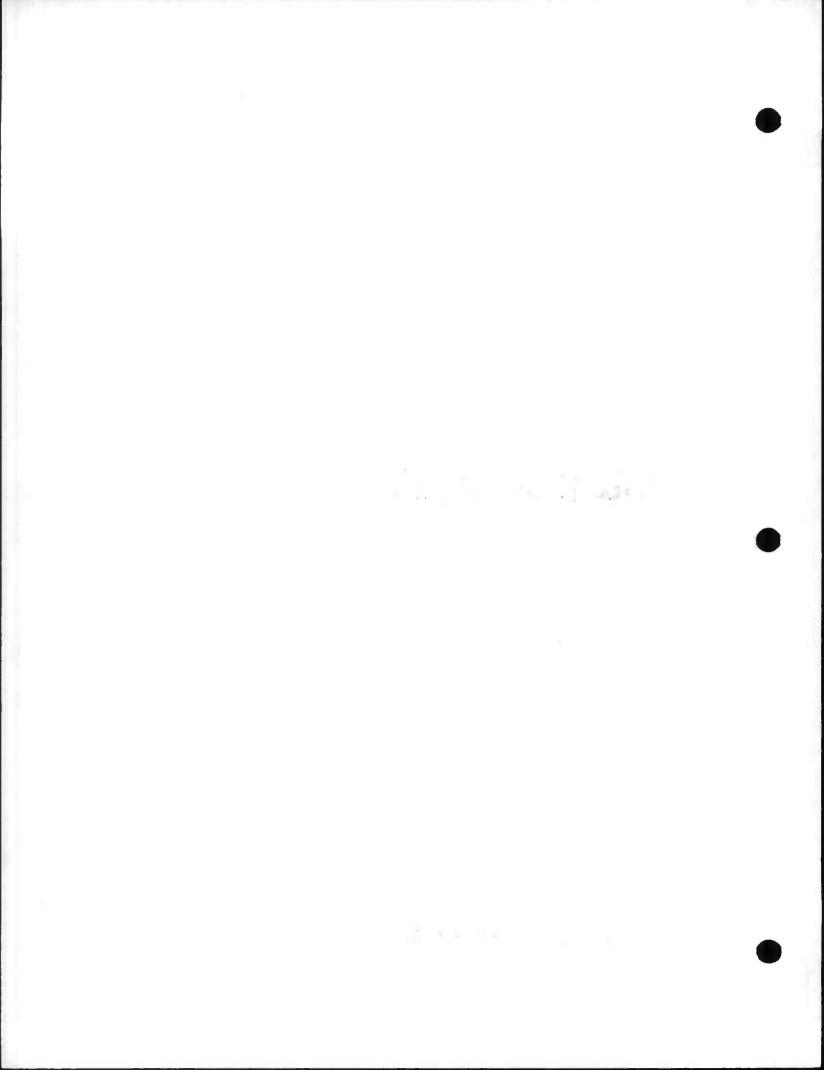
Schwartz - 5354 Wisconsin Ave., #1345 -

DNMH-18 Rev 1/89



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Chevy Chase, Md

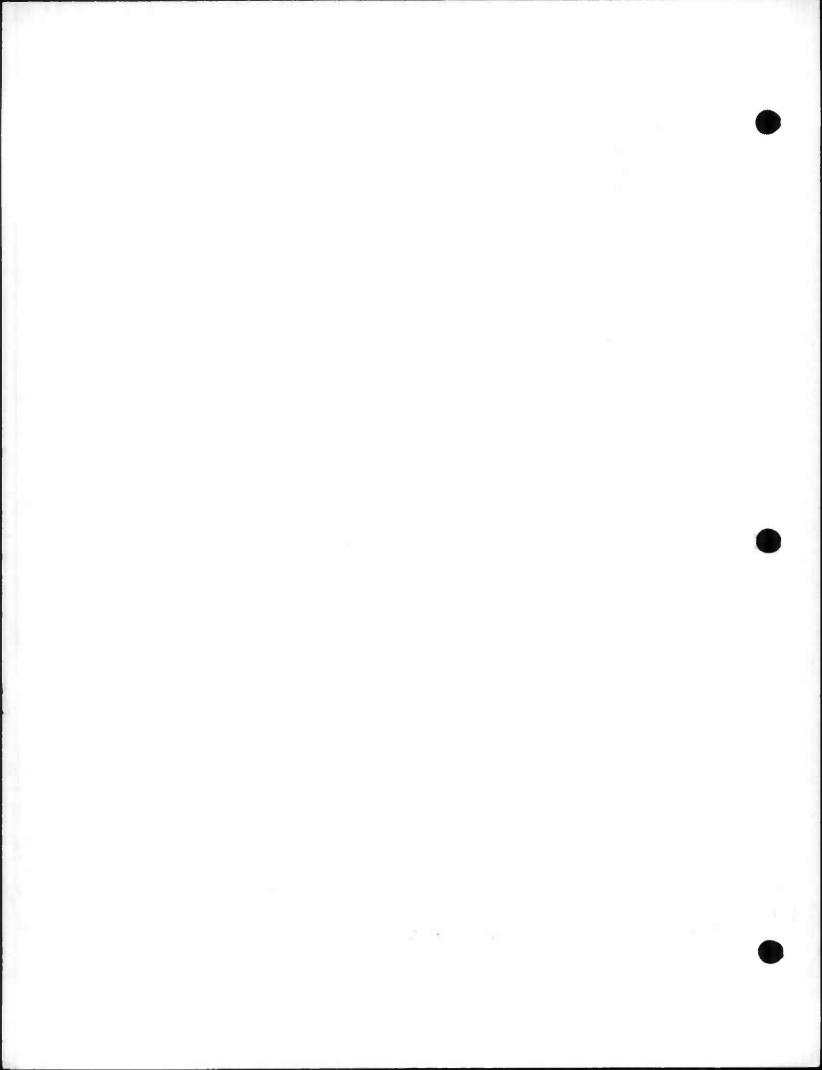


Amended # 10e. P.G.C. 8/28/95 CR 95 28219

		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEAT	'N	
		ETHEL G	. JACK	CSON			AUGUST	18. 199	5 12:06	ДМ	
			5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTNPLACE (State or Fo. Country)	reign	
P		377-20-3300		9 YRS.			2/27/1	_	ash. D.C.		
3 should	1 cc	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF DE	EATN	9c. COUNTY	Y OF DEATN		
2,	CTOR	Prince George's	Hosp. Ce	nter	Che	verly		P.	G.		
Pages 1.	I III I	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCAT	TION			10d. INSIDE CITY		
.≓. <b>2</b> .	DIRI	Md.	P.G.	_   _ I	Landove:	r			1X YES 2	NO	
permit.	\¥	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
020 physician. burial-transit	FUNERAL	1101% Nal	ley Rd. #	1021		20785			S.A.		
020 physician. burial-trar	5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, sp	ecify Cuben, Mexica	IIC ORIGIN? (Specify n, Puerto Ricen, atc.)	Yea or No- 14	. RACE — American India Black, White, atc.	en,	
	B≼	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 🗌 YES	2 NO Specify	<i>(</i> :		Specify: Black		
1215-0 r attending use as the	<u>a</u>	15. DECEDENT'S EDUCA	TION		S USUAL OCCUPATION		16b. KIND OF I	USINESS/INDUS			
5 5	ᇤ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of life. Do NOT u	work done during mo use retired.)	ast of working					
AND 2 he hospital detached to once.	COMPL	12th		Dome	stic		Pri	vate .	Industry		
e de B	8	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid	en Surname)			
RAY ed by	B	Joseph Par	ker	- Constitution			a Johnso				
MAR retained 5 should notified	2	190. INFORMANT'S NAME (Type/Print) Francis S. Jack:					Route Number, City or 1				
E SOLD		200. METHOD OF DISPOSITION					Pleasar				
Page 6 may be all director, page ner must be		1 XBuriel 2 Cremation 3 Remove	al from State cen	metery, crematory or o	OF DISPOSITION (Na other place)			LOCATION - CH			
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE	armony	22. NAME AF	ND ADDRESS OF FA	5/95 La				
BALTIN after death. Pag by the funeral of moval. ical examiner		Xam.	u Qu	att	H.S	Wash:	ington & oughs Av	Sons	Ic.		
after after by the boy the call		23. PART I. Enter the diseases, or con		d the death, Do	not enter the mo	O DULLO	Dugiis Av	e.,N.	L'.	- ^ -	
in Te		anock, or nasrt failure. Lis	st only one cause on a	sch lina.	HOL WHEN THE THE	or ujing, eur.	Il 88 Ceruleo or 10.	spiratory enter	interval Be	tween	
the fill of	1 1	IMMEDIATE CAUSE (Final disease or condition	naut	lo on	Chri	mie t	whore	1	Onset and	Death	
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executed and com o burial, natic e	Z	Sequentially list conditions,	Bi	latera	I force	eimoni	tie				
De est	Ĕ	if any, leading to immediate									
		CAUSE (Disease or injury 6.									
certificate ording physiene pr	CERTIFICATION	that initiated events resulting in death) LAST				acu	coleut				
DS, P. he death the attent Mental H njury, or	1 - II	G.,									
		PART II. Other algnificent conditions	contributing to deeth b	out not resulting	In the underlying	g cause given in	Part I, 24s. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FIN AWAILABLE PRIOR 1		
8 = 8 c	MEDIC	Coronaryarley		Tri ae	onchi	schal m leuer	1 U YES	2 NO	COMPLETION OF C	AUSE	
F 0 0 0 5	. ME	militable my		naema		lever			1 TYES 2 N	10	
> 0 -	A N	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL			ES NO C	UNCERTAIN	1 12 1				
# # # B	SICI	EXAMINER?	HOSPITAL:		OTHER:	- 0 -					
HYSICIAN: The certificate with the State ced, or Item	PHY	27. MANNER OF DEATN	28e. DATE OF INJURY	26b. TIN	AE OF 28c. INJ		6 ☐ Other (Specify)  26d. DESCRIBE HON	V INJURY OCCUP	RED		
0 = -	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.		PRK? YES 2 NO					
NDING I R: After r: death is man		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm,	street, factory, offic	•	28f. LOCATION (Stree City or Town, Ste	et end Number or	Rural Route Number,		
OR ATTEN DIRECTOR: hours after tem 28 ii	COMPLETED	4 Nomicide determined					City or lown, Ste	ite)			
	P.	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the beat of my know	rledge, death occurr	red at the time, date	end place, end dua	to the cause(s) end n	nanner es stated,			
HOSPITAL FUNERAL WITHIN 72 TANT: II	O.	one) 2 MEDICAL EXAMINER:							euse(a) end manner es st	ated.	
TO THE HOSPITAL TO THE FUNERAL be fied within 72 IMPORTANT: II	S I	296. SIGNATURE AND SITE OF CERTIFIER	) /			29c. LICENSE NUN	IBER	29d. DATE S	IGNED (Month, Day, Year)		
5 5 5 M	10 B	1 21 2	ustag "	nn		Dac		▶ 8	118 195		
2	F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	Print) 613=	2 LANI	DOVER	ROAD			
		& KAVINDER	N. PUS	MEI	CHE	VERLY	DOVER MO.	20785			
		31. DATE FILED (Month, Day, Year) AUG 28 1995	32. REGISTRATES SIGN	ANT LANGE		( )					

was a maximum.

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH		
		1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In use lost highday) SE LANCE & VEAR SE LANCE OF THE SECURITY NUMBER 1. SEX SEX SEX SEX SEX SEX SEX SEX SEX SEX	8 1.	2 95 6.25A M
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should	_	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION	OF DEATH	9c, COUNTY OF DEATN
1, 2, 3	HOT:	Hyatisulle Mand Hyatisulle,	ME	P.G
Pages	L DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
permit. P		Prince Georges Hyattsville		1 ▼ YES 2 □ NO
	FUNERAL	F100 TZ +1		10g. CITIZEN OF WHAT COUNTRY?
020 physician. burial-transit	ON.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF I	HISPANIC ORIGIN? (Specify Yes	U.S.A. a or No. 14. RACE — American Indian.
	BY F	1 Never Married 2 Married   FORCES? 1 YES 2 NO   If yes, specify Cuban, I YES, GIVE WAR OR DATES   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 N	Maxican, Puerto Rican, atc.)	Slack, White, atc. Specify:
215-0 artending se as the	ED E	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BU	Black
8 2	E I	(Sive kind of work done during most of working   Elementary/Secondary (0-12)   College (1-4 or 5 +)   (Sive kind of work done during most of working life. Do NOT use retired.)	THOUSE SOUN	
The hospital detached to once.	COMPL	12 Cook  17. FATNER'S NAME (First, Middle, Last)		vate Industry
# 8 4 Z		Ford Jones	R'S NAME (First, Middle, Maiden	Sumame)
MARY retained by 5 should be notified at	) BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or	retha Best Rural Route Number, City or Tow	rn, State, Zip Code)
ay be ret page 5 s	5	Doretha Best 2413 18th. St., N.E.		
E E U W		20a. METNOD OF DISPOSITION  1 Type rise 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of complexy, cremetory or other place)	DATE 20c. LO	DCATION — City or Town, State
Page 6 m il director,		4 Donation 5 Other (Specify) Glenwood Cemetery  21. Signature of Funeral Service Licenses 22. Name and Address	8/18/95   Was	shington.D.C. Funeral Home
bAL I IMO hours after death. Page 6 is of removal. medical examiner mu		389 Rhode	Island Av. NW	Washington, D.C.
by the removal.  medical e	Н	23. PART I. Enter the displaces, or complications that caused the death. Do not actor the made of duling		
filled in on, or n		anock, or meant failure. List only one cause on each line.	•	Interval Between
		IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Clawred (mmurd)  a. Clawred (mmurd)	eveney to	num
S 2 2 2	_	DUE TO (OR AS A CONSEQUENCE OF):		
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cate be only siciar or prior er trau	S	cause. Enter UNDERLYING CAUSE (Disease or Injury		
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E Se o	O	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give		
T = 55	CAL	polluto to sa municipalità di montre della conse give	on to Part L 24s. WAS AN PERFOR	
S S S S	MEDIC	ICM duen tolliplasma distra	YES 2	OF DEATHS
> 0	AN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCER	RTAIN [	1 C YES 2 C NO
- F a a a	SICIA	26. PLACE OF DEATH (Chock gay one)  EXAMINER?  HOSPITAL:  OTHER:		
g the the	PHYS	1 Post 2 NO 1 Propertient 2 ERVOUTpetient 3 DOA 4 Fauring Home 5 Reside	ence \$ \( \to \) Other (\$\inp \cop\) 28d. DESCRIBE HOW II	NAME AND DESCRIPTION
NG PHYS frer this cath with	ВУ Р	1 Metural 5 Peniting (Month Day Near) NAJURY WORK? 2 Accident Investigation		COUNT OCCURED
J D V D M		3 Suicide 8 Could not be 20s. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify)	28f, LOCATION (Street a City or Town, State)	end Number or Rural Route Number
OR ATTEN DIRECTOR: hours after	ETE.	4   Homicide defermined		
世 弘 元 申	COMPL	29a. CENTIFIER only  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, an		
THE HOSPITAL THE FUNERAL filed within 72 P		2 MEDICAL EXAMINER: On the begin of examination and/or investigation, in my opinion, death occurred		
TO THE TO THE be filed	BE	29c, LICENS	1VGG	29d, DAKE SIGNED (Month, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		0 1 0 1 1 1
		Vr. Lewis Dennis GAUI Greenhelt kd.	U-1 College	e lark Md.
		AUG 28 1995	J	



1 - FOR STATE REGISTRAR

t. DECEDENT'S NAME (First, Middle, Last)

AUG 29 1995

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		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yr	s. last birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		0.	BIRTHP	LACE (State or Foreign
79		NONC	1 🔀 M 2 🗆 F		YRS.	MONTHS	DAYS 2	HOURS MIN.	Aug.	7ay, 16ar)	1995	Mar	vland
Should		9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN C	R LOCATION OF			9c. COUNT		
1, 2, 3	CTOR	Holy Cross Ho	spital				Sil	ver Spr	cing		Mont	gon	nery
Pages	DIRE	10a. STATE 10b. COUNT			toc. CIT		OR LOCAT						IOd. INSIDE CITY
permit. F		D.C.	N/A			was		gton					YES 2 NO
	RAI	10e. STREET AND NUMBER		-	_ "		101	ZP CODE					AT COUNTRY?
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Z I S-UUZU attending physician. se as the burial-transit	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2	NO		If yes, spe	ENDENT OF HISPA Belty Cuban, Maxie 2 NO Spec	can, Puerto Ric	Specify Yes an, etc.)	or No - 14	Black, Specify:	- American Indian, White, etc. Black
	G	15. DECEDENT'S ED (Specify only highest grad		164	. DECEDENT'S	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							
. 0 -	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT us	e retired.)	during mo.	st or working					
the hospital detached to	COMPL	0			None						Non	е	
		17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S N					
		Fred Thompson  190. INFORMANT'S NAME (Type/Print)							ya Joh				
retained 5 should	2					4.	nd Number or Rure		City or Town	n, State, Zip Co	ide)		
P S P P		Tonya Johnson 20a. METHOD OF DISPOSITION				e a		10 abo		1			
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		21. SIGNATURE OF FUNERAL SERVICE L	I Ha	rmony Mem. Park 8/26/95 Landover, M 22. NAME AND ADDRESS OF FACILITY						r,M	d.		
death. Pag tuneral di		D/1	.1	4	_		H.S	. Wash	ingto	n &	Sons	, in	С.
urs after do in by the f removal.		23. PART I. Enter the diseases, or	M. Gr	an				Burro					
ed within 24 hour completely filled in cremation, or event, the man		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Mul	R AS A COL	NSEQUENCE OF	Du.	gen	utal	au	ow	alie		Approximate interval Betwee Onset and De 2 Vau
th certificate be es ending physician a I Hygiene prior to or other traum	RTIFIC	Sequentielly list conditions, if any, leading to immediste cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	c. Perci DUE TO (OF d. 36 W	RAS A CON	NSEQUENCE OF	spl spl	hy	xia			<i></i>		
2 2 2		PART II. Other aignificant condition	na contributing to de	eth but n	or resulting I	n the ur	nderiying	ceuse given in	Part I. 24	in. WAS AN			ERE AUTOPSY FINDING
	EDICAL								_	PERFOR		C	WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
equires the signed of Health hows an	MEI								- /			1	YES 2 NO
	CIAN:	DID TOBACCO USE CONT	RIBUTE TO CAUS	SE OF D	EATH YE	S 🔲 i	NO 🗆	UNCERTA	N 🗹				
£ 22 5	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. F	PLACE OF DEAT	_							
or in	HYSIC	1 TES AU HO	Inpetient 2 🗆 EF	R/Outpatier	H 3 DOA	4 Nur		5 🗆 Residence	6 Other (S	pecify)			
PHYSIC CO. With t	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, 1	JURY Year)	26b. TIMI	E OF URY M	28c. INJU WOF 1   Y	JRY AT RK? ES 2 NO	28d. DESCR	IBE NOW IF	JURY OCCUR	ED	
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF the building, atc.	NJURY — A . (Specify)	it home, farm, s	treet, taci	tory, offica		26t. LOCATI City or	DN (Street a lown, State)	nd Number or	Rurei Rou	te Number,
E AZ =	MPL		SICIAN: To the best of my ER: On the besis of axam									ause(a) 1	nd manner as stated,
E HOSPI E FUNER J within	00	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NU		1			fonth, Day, Year)
TO THE HOSPI TO THE FUNER be filed within	TO BE	Shough C	Keerian	DE DEATH	ne	)		D467			▶ 8/	19	195
		Sharon A. Kie					+ 61	lan Da	C+1-	1010	Conscient		2
d	1 1	DA DATE PART OF A P. II.	71	¥ 10	00 10	T C 3	U G.	LEII KU	· 'DTT	ver i	sprin	q.M	a.

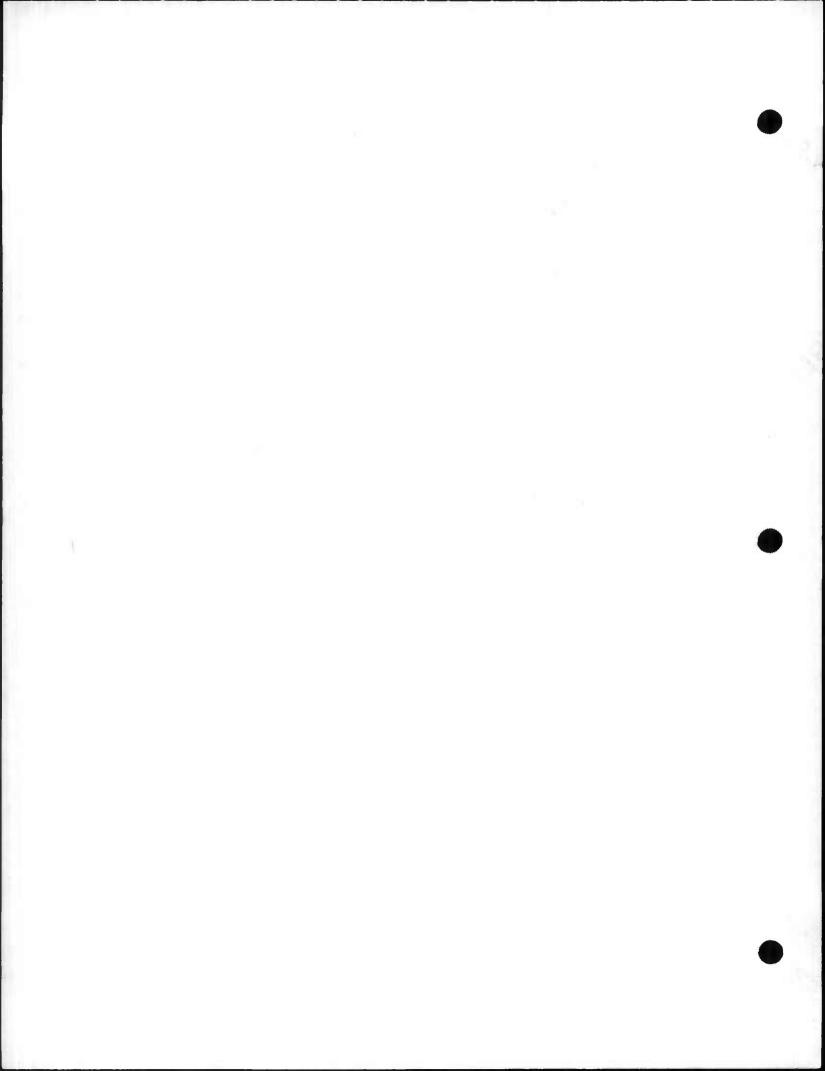
July Degistrar's Signature

Johnson

CERTIFICATE OF DEATH

95 28221 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH 19,1995 5:08 August 7. DATE OF BIRTH (Month, Day, Year) Berthplace (State or Foreign Country) Maryland 9c. COUNTY OF DEATN Montgomery 10d. INSIDE CITY LIMITS? 1 YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: Black BUSINESS/INDUSTRY None iden Sumame) son Town, State, Zip Code) c. LOCATION -- City or Town, Stata Landover, Md. & Sons, inc. e.,N.E. eapiratory arrest, Approximate Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? S AN AUTOPSY ES 2 NO 1 TES 2 NO OW INJURY OCCURED

DHMN-16 Rev 1/89



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT 2. DATE OF DEATH 3 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR | IF UNDER 24 HRS 219-12-0222 72 DAYS HOURS 8/22/23 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Washington County Hospital Hagerstown DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? Washington Md. Hagerstown 1X YES 2 NO permit. 10a. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 12 S. Walnut Street 21740 signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Health and Mental Hygiene prior to burial, cremation, or removal. U.S.A hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 √ YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1) Never Married 2 Married specing: White BY 3 Widowed 4 Divorced WWII 16a. DECEDENT'S USUAL OCCUPATION

The blad of work done during most of working ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) COMPLET College (1-4 or 5+) Farm Farmer 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) Alice M. Saylor John F. Keesecker notified at BE 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code)
17919 Pin Oak Drive Hagerstown, Md. 2 21740 Atlee S. Keesecker 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must 8/29/95 Smithsburg, Md. Crematory Smithsburg the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LIC 22. NAME AND ADDRESS OF FACILITY 12525 Bradbury Ave. Davis Funeral Home Jemis Md. 21783 Smithsburg. 23. PART t. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Finel Onset and Daath disease or condition requires that the death certificate be executed within 24 250 event, resulting in death) DUE TO (DA AS A CONSEQUENCE OF) Nec traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS If any, leading to immediate, cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST -PART it. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 YES 2 AO OF DEATH? 1 | YES 2 | NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Boxed{1}\) UNCERTAIN \( \Boxed{1}\) PHYSICIAN: has by Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSFITAL:
1.-2 Inpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 6 Residence 6 Other (Specify) 6 27. MANNED-OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural BY 1 YES 2 NO After 1 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28 is ETED 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be DIRECTOR: / 4 Nomicide hours Item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. COMPL TO THE HOSPITAL O
TO THE FUNERAL D
Be filed within 72 ho
IMPORTANT: If Ite 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND THE OF CERTIFIES BE 29c. LICENSE NUMBER 29d. DATE SIGNED, (Month, Da 2 MPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

hours after death. Page 6 may be retained by the hospital or attending physician.

ed in by the funeral director, page 5 should be detached for use as the burial-transit or removal. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

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8	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fil	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 August 12:50p. Clara Olivia KERN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F 77 YRS. 226-09-9391 Nov. 6. Virginia 9s. FACILITY NAME (If not Institution, give street end number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Doctors' Community Hospital Prince George's RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Lanham 1X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6802 Elbrook Road 20706-3728 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerio Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Norried Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade ondary (0-12) College (1-4 or 5 +) Co-Owner 10 Bakery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumame) Claude A. Carper Annie Harmon 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Leon F. Kern 6802 Elbrook Road, Lanham, Maryland 20706-3728 20e. METHOD OF DISPOSITION
1 🖾 Buriel 2 🗆 Cremetion 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Mount Hebron Cemetery

Mount Hebron Cemetery 8/31/95 4 ☐ Donation 8 ☐ Other (Specify) _ Winchester, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fellure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Finel Onset and Death disease or condition abetu prienz scientu andistrasculo de seus resulting in death) Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

	d							
PART II. Other algoriticant condition  ( )	Muluegu	lm man	ydrusse	PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 W NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	26. PLA HOSPITAL: 1 Inpetient 2 ER/Outpatient	OTHE	Other (Specify)					
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCUI				
3 Suicide a Could not be	28e. PLACE OF INJURY - At h	28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route						

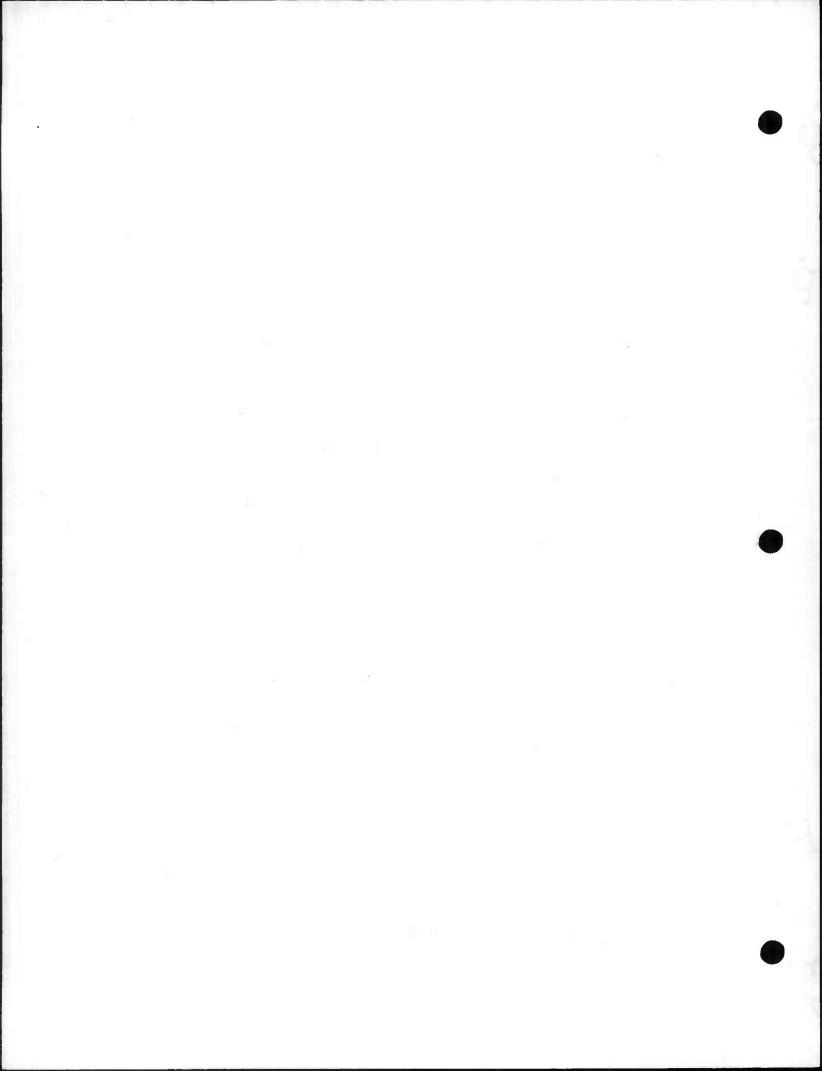
29a.	CERTIFIER (Check only	1 🗆	CENTIFYING PHYSICIAN:	To the best of my knowledge	, desth occurred at the time	, date end place, and dur	to the cause(e) end manner ee	stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

96. SIGNATURE AND TITLE OF CERTIFIER  A MINUS  A MINUS  A MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS  MINUS	20. LICENSE NUMBER	296 DATE SIGNED (Month, Day, Year)

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10. JAME AND ADDRESS OF REGISON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Print)	
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Thanson I. Mardad Iles	e, 5107 paymon est. Co	miller 10/41

31. DATE FILED (Month, Day, AUG 31



	REGISTRAR  t. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE	OF DE	ATH		3. NO.		
		rolun Lalla	n t.,				2. DATE OF DE	DAY	95 130	
	Catherine Ca	5. SEX 6. AGE (	'In yrs. leat birthday)	IF UNDER 1	YEAR IF UN	IDER 24 HRS.	7. DATE OF BIR	TH	BIRTHPLACE (Stat	
		1 □ M 2 🂢 F	55 YRS.		DAYS HOUF	RS MIN.	June 9	(bar)	Maruland	
_	9a. FACILITY NAME (If not Institution, give atree	et and number)		9b. CITY, T	OWN OR LOC	ATION OF DE		9c. COUNT	TY OF DEATH	
СТОВ	Washington Count	y Hospital		На	gersto	MM		Wash	ington	
DIREC	10e. STATE 10b. COUNTY		10c, CI	TY, TOWN OR	LOCATION				tod. INSIDI	E CITY
	Md. Washin  100. STREET AND NUMBER	gton	Sn	rithsb					1 TYES	2 X N
FUNERAL	12035 Pioneer Dri				101, ZIP C	AXI 2	1702		EN OF WHAT COUNT	TRY?
D.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WA	S DECENDEN	T OF HISPAN	C ORIGIN? (Spec	U.S	4. RACE — America	n Indian
ВУ Б	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			YES 2 1		, Puerto Rican, e	rtc.)	Black, White, etc. Specify:	
	15. DECEDENT'S EDUCA	TION	18a. DECEDENT'S	USUAL OCC	UPATION		16h KIND	OF BUSINESS/INDU	Whit	2
	(Specify only highest grade co	Ompleted) College (1-4 or 5+)	(Give kind of life. Do NOT L	work done dur	ring most of we	orking	10000			
COMPLETED	12		f	lousew			Но			
	17. FATHER'S NAME (First, Middle, Last) Lawrence E. Cole				10. M	thel	I. Merk	Malden Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	O ADDRESS (S					Corte	
5	Eugene E. Laffert	iy	12035	Pion	eer Dr	c. Sm	ithsbur	or Town, State, Zip C	21783	
	20e. METHOD OF DISPOSITION 1   Burlel 2 Cremetion 3  Remove	al from State cem	PLACE AND DATE	other place)				9c. LOCATION — CI	ty or Town, Stata	
	4 Donation Other (Specify)		Smithsbu	ra Cr		RESS OF FAC		Smiths	burg, Md.	
	Townin of	2	_`					12525	Bradbury	Au
Н	23. PART I. Enter the diseases, or cor	mpilcations that caused	the death Do	not enter th	a mode of	duine such	no conflor co	Smiths	burg. Md.	
	shock, or heart failure. Lie IMMEDIATE CAUSE (Final	st only one ceuse on e	ech line.	not ontot ti	io illoud of	aying, aucr	an cardiac of	reapiratory arre-	Inter	oximatival Bet
	disease or condition resulting in death)	Metest	atic (	holo	CAN	اردم	54	C 22		رو ع
			CONSEQUENCE C						5	3-60
ON	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE O	)f):						_
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RTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):						
E	d									
CAL	PART II. Other significant conditions	contributing to deeth be	ut not resulting	in the unde	rlying caus	e given in i		AS AN AUTOPSY ERFORMED?	24b. WERE AUTO	
MEDIC			<u> </u>				_ 101	ES THO	OF DEATH?	
	DID TOBACCO USE CONTRI	RUITE TO CAUSE O	E DEATH VI	ES 🗆 NI	7 PK 111	CEDTAIN			1 TYES	5   NO
NAK:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA			ACEKIAIIV				
PHYSICI		OSPITAL:	etlant 3 🗆 DOA	OTHER:	g Home 5 🗆	Rasidenca (	Other (Specif	(y)		
F	27. MANNER OF DEATH  Return 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	C. INJURY AT	1	28d, DEŞCRIBE	NOW INJURY OCCU	RED	
B	2 Accident Investigation	28a. PLACE OF INJURY	At home farm		1 YES					
윤	3 Suicide 8 Could not be determined	building, atc. (Spec	my)	etreet, ractory	, omca		City of Town,	Street and Number or State)	Rural Route Number,	
COMPLETE	29a. CERTIFIER (Check only	AN: To the beat of my knowl	edga, death occurr	red at the time	, data and ola	ice, and due t	o the cause(s) or	od manner en stated		_
NO	one) 2 MEDICAL EXAMINER:									r an stat
BE C	296. SUNATURE AND TITLE OF CERTIFIER				29c. l	ICENSE NUM	BER	29d. DATE S	SIGNED (Month, Day,	Year)
	KUP. R)	4			9.	38764		<b>•</b>	R/27/55	
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TO B	30. NAME AND ADDRESS OF PERSON WHO							4		
	30. NAME AND ADDRESS OF PERSON WHO CO		no mode				دوا تارد	etege.	Thun MO	513

BALTIMORE, MARYLAND 21215-0020

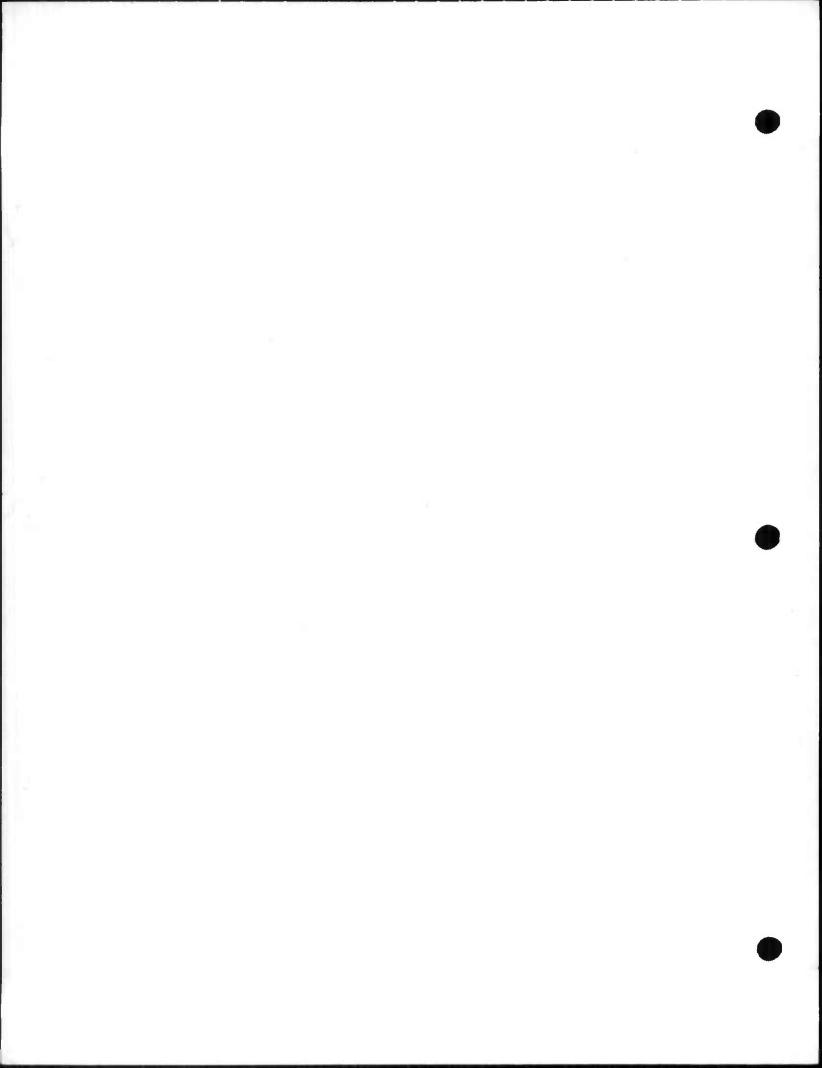
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

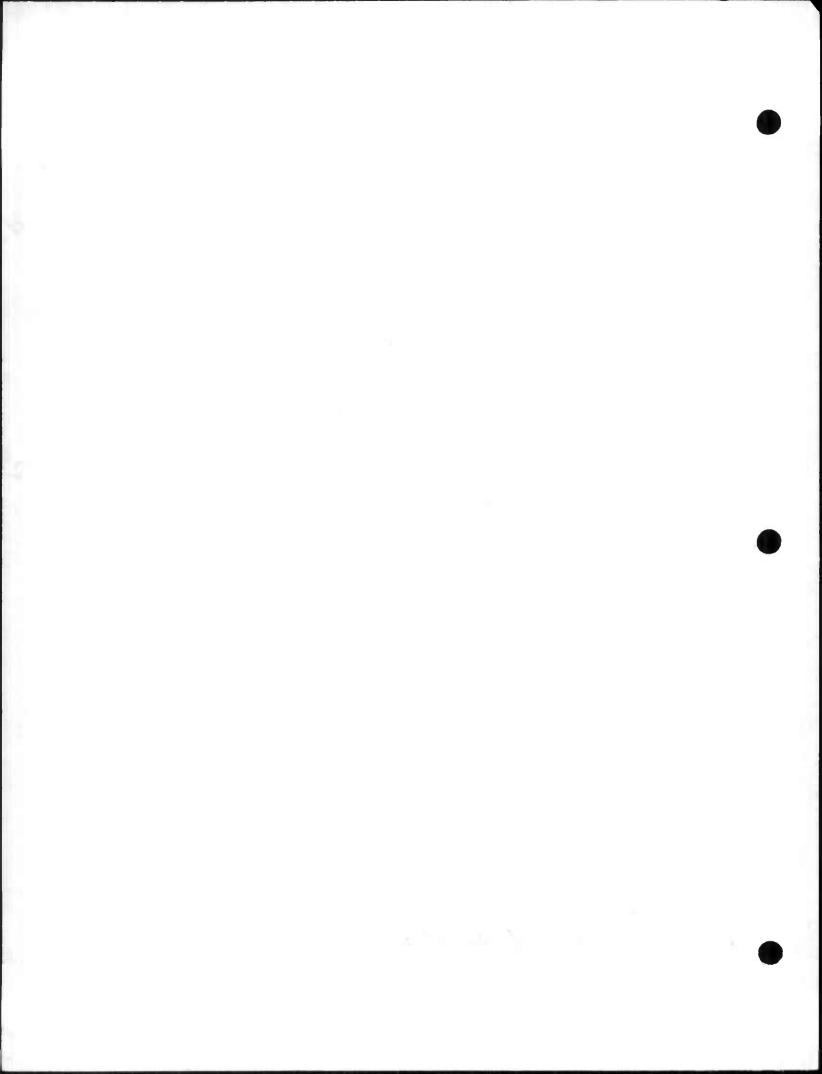
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAR				OF HEALT		MENT	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH			3. TIME OF DEATH
	RICHARD	DANIEL	LA	UGHL	IN				gust 27	. 199	YEAR 95	12:25 P M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last L		IF UNDER 1 1	YEAR IF UND	ER 24 HRS.	7, DA	TE OF BIRTH			PLACE (State or Foreign
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Œ	9e. FACILITY NAME (If not institution, give str					OWN OR LOCA	TION OF D	DEATH		9c. COU	NTY OF DE	EATH
5	Memorial Hospit	aı			Cumbe	rland				A]	llega	ny
REC	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?
⊼	Maryland Allega	iny		Bar	cton							1) YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER	0.				10f. ZIP CO	11					HAT COUNTRY?
NE	P.O. Box 58, High	St.	TO IN II C A DAM	-			521					States
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	15. DECEDENT'S EDUCA	WW 2 K			SUAL OCC	21						White
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	(Give	kind of wo	ork done dur retired.),	IPATION ing most of wor	king		16b. KIND OF BU	SINESS/INC	DUSTRY	
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BE	Martin Laughlin					Sa	rah	Mon	tgomery			
0	19a. INFORMANT'S NAME (Type/Print)								umber, City or Tow			
- 1	Kathleen Laughli:						h St	1	Barton,			
	1 Spuriel 2 Cremation 3 Remov		20b. PLACE AN cemetery, creme Laur				30-0	5 0		rton,		vn, Stele
	21. SIGNATURE OF FUNE ALL SERVICE LICE		Laur	er u	22. NA	ME AND ADDR	ESS OF FA	ACILITY		r com,	, mu.	
	+ U/ sine	1500	e C			al Fun			ne Jesterni	nort	Nid	
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	shock, or heart fellure. Li IMMEDIATE CAUSE (Final	at only one cause of	n each line.									Interval Between Onset and Death
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COMPLETED	4 Homicide determined											
MPI	(Check only one) 2 MEDICAL EXAMINER:											
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8	11/1 Danies		mo				CENSE NUI					Month, Day, Year)
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	Dr. R. Barrera M	lemorial Ho	spital	Med		Bldg.	Cum	nber	land. M	m 21	502	
	31. DATE FILED (Month, Day, Year)	12. HATHSTRAN'S SI	GNATURE	1.11			3011			60 L.	704	
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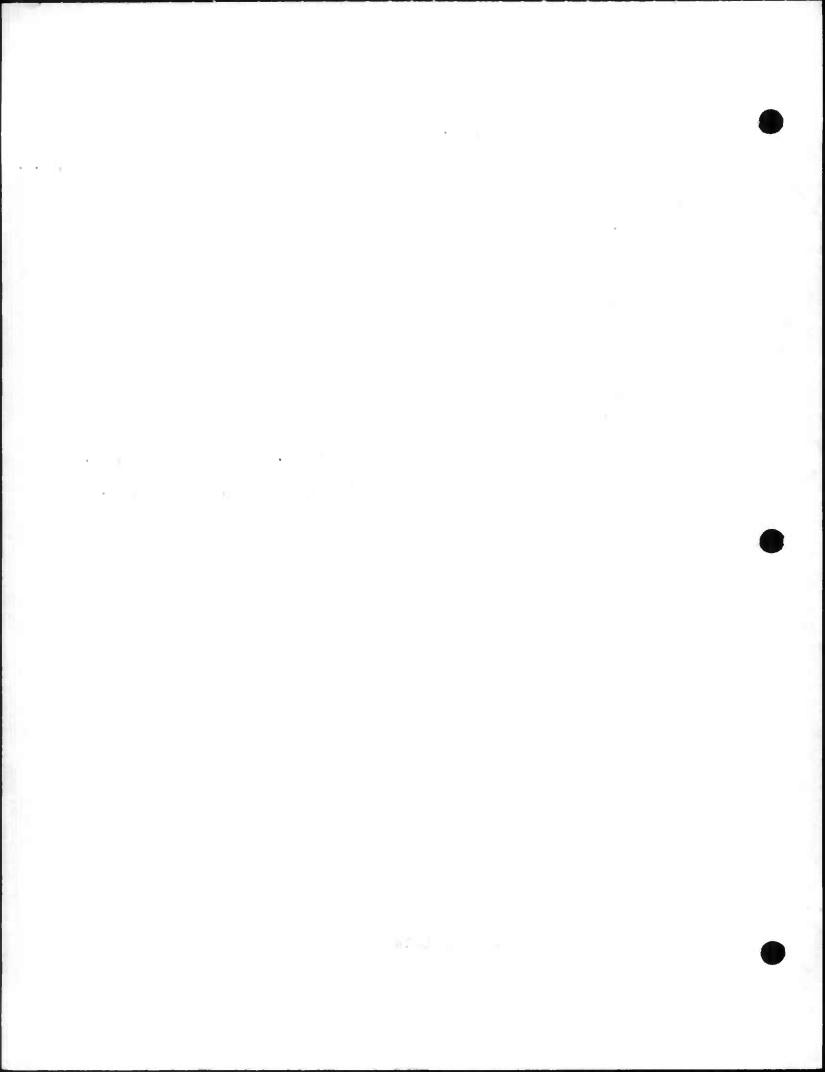
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		Preston L	ee l	ogan							MONT	TH	DAY	YEAR	3. TIME OF DEATH
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		. FACILITY NAME (If not in	nstitution, give s	street and number)		0	9b. CITY, TO	OWN OR	LOCATIO	N OF DEA		13-171	_	NTY OF D	ARYLAND
DIRECTOR	5	Salisbury N	ursino	& Rehab	Center		Salis					.801		omic	
1 2		e. STATE	10b. COUNT				Y, TOWN OR L	LOCATIO	N						10d. INSIDE CITY
듬	N	Maryland	Wice	omico			Salisbu	ırv						- 1	LIMITS?
	10-	. STREET AND NUMBER						-/-	IP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
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BY F		Never Merried 2  Wildowed 4 Divo		IF YES, GIVE V	X YES 2	NO	If ye	es, specif	ify Cuber	, Maxican, Specify:	, Puarto	Rican, etc.)		Speci	k, White, atc.
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTA	L HYGIENE
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DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		10c. CI	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
		OMICO			LISBURY			LIMITS?
FUNERAL	10a. STREET AND NUMBER 724	DENNIS STREE	T	101	21801		10g. CITIZEN OF V	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	Blac	E — American Indian, k, White, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	USUAL OCCUPATION	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	LABO			TAXI	CAB DRIV	ER
BE CON	17. FATHER'S NAME (First, Middle, Last)	UNKNOWN			16. MOTHER'S NA	ME (First, Middle, Melden S MUZZETT)		
10	BETTY LEAK		196. MAILING ADD	RESS SAM	nd Number or Rural I E AS ABO	Route Number, City or Town VE	, State, Zip Code)	
	20a. METHOD OF DISPOSITION 1 Disposition 2 Cremation 3 Rem		etery, crematory or o	OF DISPOSITION (Na			CATION — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LA	ENSER	Lift)	22. NAME AN	D ADDRESS OF FA	K 8-26 SAI		AL CHAPEL
_	Jorella A	folley				ROAD, SALIS		21801
	23. PART I. Enter the diseases, or caheck, or heart failure.  IMMEDIATE CAUSE (Finel	complications that caused List only ons cause on ea	the death. Do inch line.	not anter the mo	de of dyling, auc	h as cardiec or reepir	ratory arrest,	Approximata Interval Between Onset and Death
		DUE TO (OR AS A	TIC CONSEQUENCE O	Leuis,	3 Cano	EC		3Mouta.
CERTIFICATION	Sequentially flat conditions, if any, laading to immediate	bDUE TO (OR AS A	CONSEQUENCE O	F):				
FICA	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):				
ERTI	resulting in deeth) LAST	d						
7	PART II. Other aignificent condition	a contributing to death be	It not resulting	in tha underlying	ceuse given in	Part I. 24s. WAS AN / PERFORI		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 YES 2		COMPLETION OF CAUSE OF DEATH?
N N	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	DEATH Y	S NO	UNCERTAIN	- I		1   YES 2   NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:		TH (Check only one) OTHER:				
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER/Output 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, INJ		a Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURED	
BY	1 Netural 5 Pending 2 Accident Investigation	26a. PLACE OF INJURY		M 1 🗆 Y	ES 2 NO	Part 1 00177011 (0)		
TED	3 Suicide a Could not be 4 Homicide determined	building, etc. (Speci	(y)	arreet, factory, office		281. LOCATION (Street at City or Town, State)	nd Number or Flural F	loute Number,
COMPLETED		CIAN: To the best of my knowledge.  P: On the basis of examination						) and manner as stated,
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	17.00	29d. DATE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	D32019		8/30	9 1
	MAMBA MOOURA	547 ERIV	ausin =	DRIVE	Saus Bu	Ry MD 21	801	
	31. DATE FILED (Month, Day, Year) AUG 3 0 199	32. REGISTRAR'S SIGNA Julia Dhuules	TURE		·			
لبسا	10000133	7						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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10	0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	5
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	FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	TMEN ICAT	T OF H	EALTH DEAT	AND !	MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
	Paul August M	onnier,	Sr.						A110			YEAR	15:15P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ins	st birthday)		R 1 YEAR	IF UNDER		7. DAT	E OF BIRTH	7.5	8. BIRTI	HPLACE (State or Foreign
	216-07-8336	1 🔀 M 2 🗌 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.		oth, Day, Year)	012	Count M =	aryland
	98. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN 0	R LOCATION	ON OF DE		104491		NTY OF E	
8	9. FACILITY NAME (If not institution, give sind the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property o	Drive	spitai			Ber	lin				Wo	orce	ester
5	RESIDENCE OF DECEDENT												
DIRECTOR		n Anne'	~	10c, CIT		or Locat		110					10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	II AIIIIe	5		36								1 TES KINO
FUNERAL	124 Chesapeak	o Estat	o Driv			10f.	ZIP CODE	1666					WHAT COUNTRY?
밀												J.S.	, A .
5	11. MARITAL STATUS 1 □ Never Married 表文 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR		13.	If yes, spe	ENDENT O	of NISPAN	IC ORIG	IN? (Specify Yes Rican, etc.)	or No-	14. RACI	E — American Indian, k, White, stc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W				1 TES					1	Spec	White
0	15. DECEDENT'S EDUC	CATION	WII	CEDENT'S	USUAL	OCCUPATIO	)M	_	1 10	b. KIND OF BUS	INECC /INF	MICTON	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 -	(G	ive kind of a	work done	during mos	st of workin	g	- 1				Dairy
1 4	8	College (1-4 or 5 4	" Da	iry	Sup	perv	isor	1		Green	SPI.	riig	Daily
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	NER'S NAI	ME (First.	Middle, Maiden	Surname)		
	Paul August Mo	nnier							,	lerce	,		
) BE	19s. INFORMANT'S NAME (Type/Print)		190	b. MAILING	AODRES	S (Street ar					n, State, Zio	Code)	21666
2	Katherine K. M	onnier	1	24 (	Ches	sape	ake	Est	ate	Dr.,	Ste	vens	21666 sville,Md.
	20e. METNOD OF DISPOSITION		20b, PLACE	ANDDATE	OF DISPO	SITION (Na	me of		0.4	TE 20c LO	CATION —		
	1 Sp Burial 2 Cremation 3 Ramo	oval Irom Stata	Cemetery, cre	matory or o	ther plece	1100	Con	Aug	1.9	1005			ım. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		у у									
	19/ L	Whil	11	,									nes, P.A.
	23. PART i. Enter the diseases, or c	omplications that	coursed the de	ath Dor	ot ente	106	Shan	nroc	k F	Rd. C	hest	cer.	
	snock, or haart failure.	list only one ceu	se on aach line	).	or onto	i the mot	de or dyn	irg, suci	I dd Cal	diac or respi	atory arr	est,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	A	1.				4	~	-	,			Onset and Death
	resulting in death)	DUE TO	(OR AS A CONSE	CO A	$\sim$	175L	Fre	Les	9				
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ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	):								
AT .	cause. Enter UNDERLYING												į
Ē	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	7:								
E	resulting in death) LAST	l											
O	PART ii. Other significent conditions	a contellination to	death had and			4 4 1							
MEDICAL	Over 17 15-	i continuating to	death but not r	esuiting	n the u	naeriying	ceuse g	lven in l	Part I.	24a. WAS AN . PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	112430								_	1 _ YES 2	NO		COMPLETION OF CAUSE OF DEATH?
¥.							,						1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTR	IBUTE TO CA					UNC	ERTAIN	1 🗆				200
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check								
XS	1 YES 2 NO	1 Inpatient 2 I		□ DOA		rsing Nome	5 🗆 Rei	aldenca i	Oth	er (Specify) 5	PACO	JALK	6-200AN
표	27. MANNER OF DEATN  1 Netural 5 Pending	28s. DATE OF (Month, Di		28b, TIM	E OF URY	28c. INJU WOR	JRY AT		28d. DE	SCRIBE HOW IN	JURY OCC	CURED	City
B	2 Accident Investigation				М		ES 2 [	NO					
G	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE Of building,	F INJURY — At hosetc. (Specify)	me, lerm, s	treet, fac	tory, office			281. LO	CATION (Street a or Town, Stete)	nd Number	or Rural F	Poute Number,
E													
COMPLET	299. CERTIFIER (Check only one)												J
ő	2 MEDICAL EXAMINER	2: On the basis of ex	amination and/or i	nvestigatio	n, in my	opinion, de	with occur	ed at the t	lime, dat	e and place, and	due to th	e cause(s	) end manner as stated.
ш	29b, SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	<b>BER</b>		29d. OATI	E SIGNEO	(Month, Day, Year)
8	Ru Dann	S					Dy	133	9	į	P 8	7-7.	55
IA	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIF	E OF DEATH AVE	4 070 (7	Delet								

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

102 E MAI )

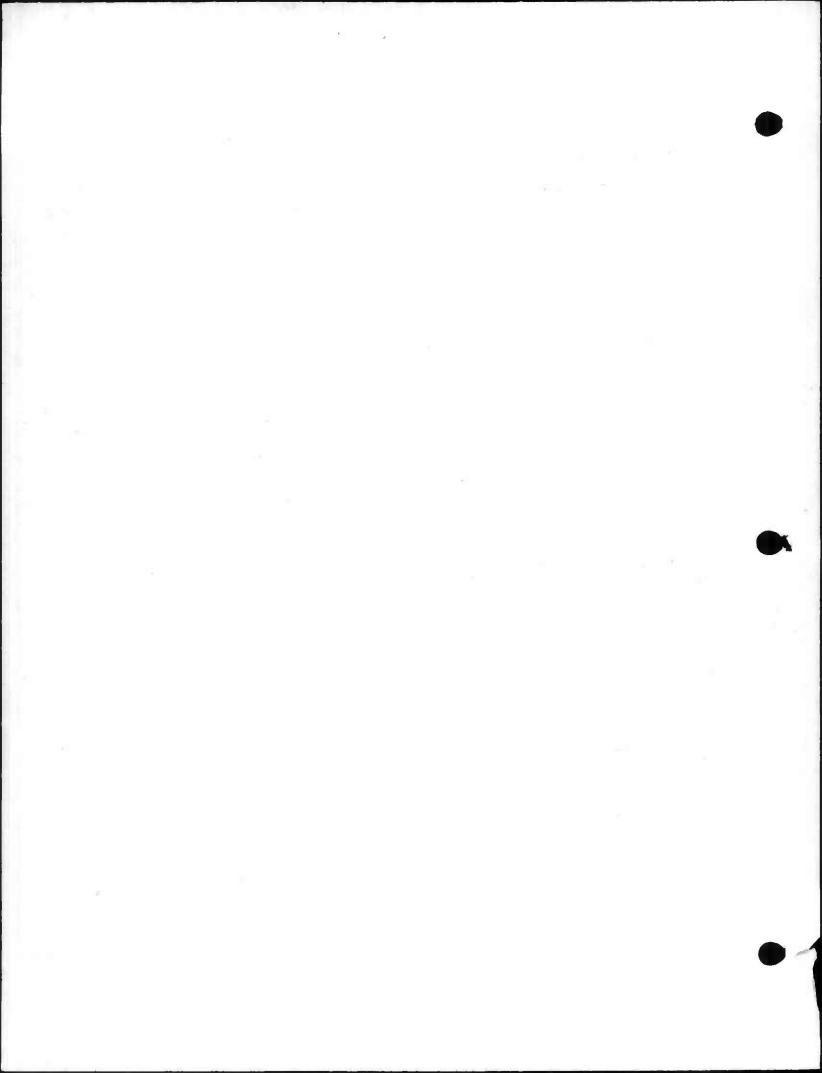
32. REPUSTRATIVE COMMITTEE

JOHN DEN MANAGEMENT

Jan E I Hem 31. DATE FILED (MONTH, Day, Ybar) AUG 08 1995

21666

STEVENDYLLE MO



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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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31. DATE FILED (Month, Day, Year)

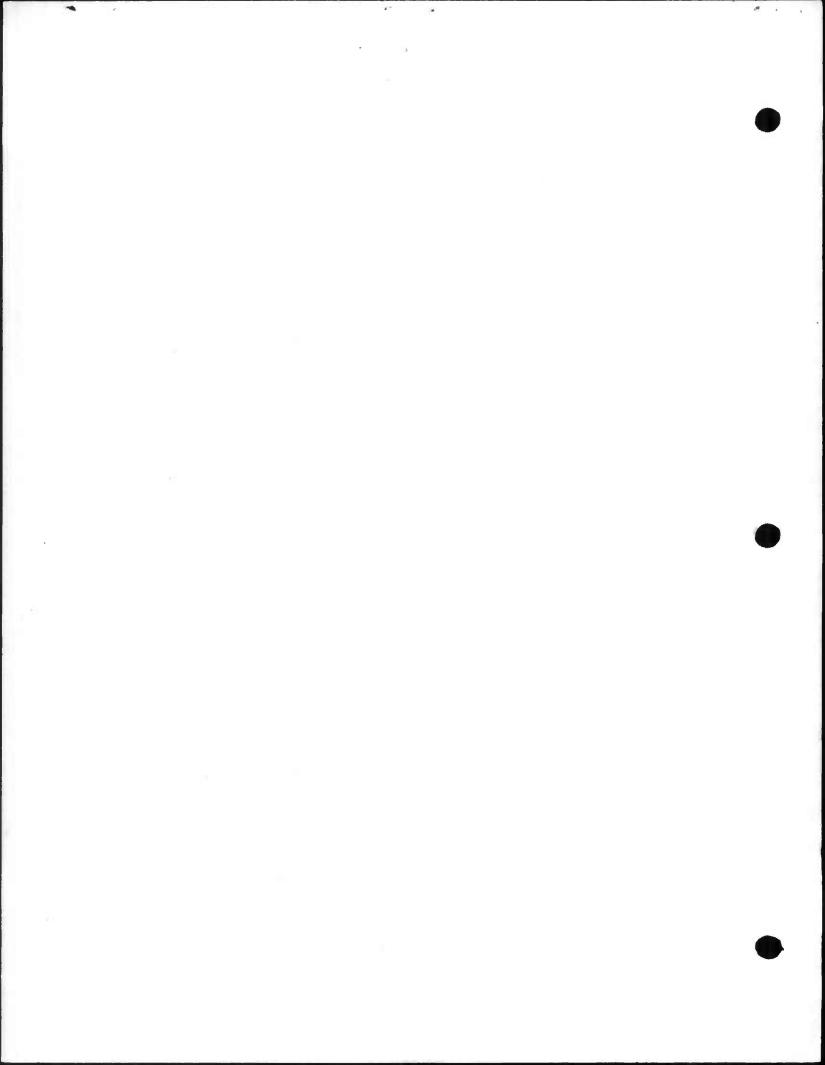
AUG 31 1995

32. REGISTHAR'S SIGNATURE

Lin Sindan-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH Josephann Malone 5:20 P Μ. 29 995 August 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HMS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 162-07-0798 92 DAYS HOURS. 1 M 2 0 1 YRS Mar.21 90 Pennsylvania Se. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meredian- Corsica Hills Queen Anne's DIRECTOR Centreville RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Queen Anne's Stevensville 1 YES ZE NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3013 Love Point Road 21666 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

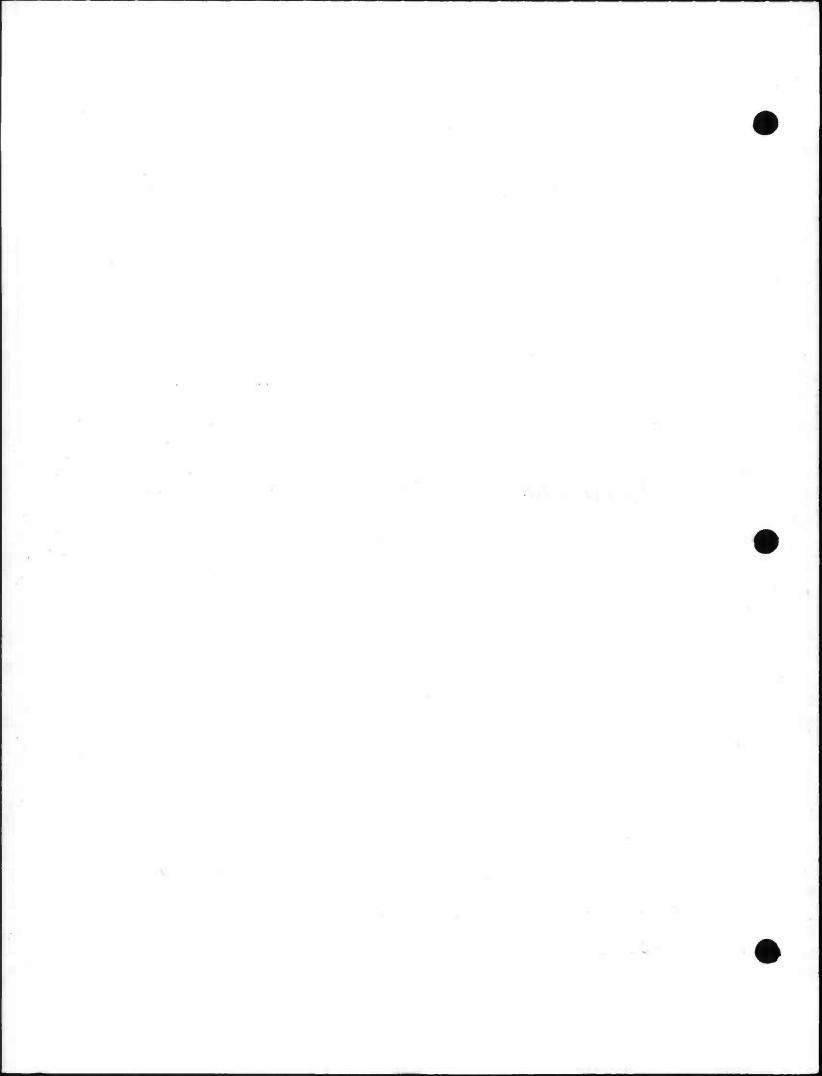
1 □ YES 2 □ NSC Specify: 14. RACE — American Indien, Black, White, atc. Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Ш College (1-4 or 5+) COMPL Delaware Trust Bank Teller 11 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Martin J. Malone Mary Landers notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Karen M. Frew 3013 Love Point Rd., Stevensville, Md. 21666 9 204. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 Buriel 2 Eremetion 3 Removal from State
4 Donation 5 Other (Specify) Metro Crematory Aug. 30, 1995 Baltimore, Md examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEI Tom Helfenbein Funeral HOmes, P.A. n 106 Shamrock Rd., Chester, Md. 21619 medical 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, shock, or heart fallure. List only one cause on each ilna **IMMEDIATE CAUSE (Finsi** Onset and Death the disesse or condition ALZHEIMERS TYPE DEMENTIA resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immedista cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TES 2 NO OF DEATH? shows 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) tem! HOSPITAL OTHER:
4X Nursing Home 5 Residence 8 Other (Specify) 1 TYES 2 NO 1 Dipatient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) ETED 3 Suicide .00 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 28 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurs at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) 1415 Aug. 30, 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Spear Rd., Chestertown, Md. Noble, MD. 120 21620 Helen A.



DIVISION OF VITAL RECORDS, P.O. BOX 68760 BAL	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.

1	FOR STATE REGISTRAR		STATE OF MARY	AND / DEPARTMENT OF H		GIENE G. NO.
ŀ	1. DECEDENT'S NAME (First,	Middle, Last)			2. DATE OF DE	
	GOLDA	ELVA	MARTZ		AUGUST	30

1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIM										3. TIME OF DEAT	'n				
13	GOLDA ELVA MARTZ AUGUST 30 19									.995	11:00	Ам			
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last to		st birthday)					7. DATE OF BIRTH (Month, Day, Year)		a. BIRTNP		PLACE (State or Fo	re/gn
	215-36-7262 1 M 2 🖾 F			92 YRS. MONTHS			DAYS	HOURS	MIN.		MAY 6, 1903			MARYLAND	
	90. FACILITY NAME (If not in	9b. CITY	, TOWN	OR LOCATI	ON OF DE			_	NTY OF D	EATH					
OB	10014 MAPI			HAGERSTOWN W					WASHI	ASHINGTON					
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. 6						TY, TOWN OR LOCATION						10d. INSIDE CITY		
DIRECTOR	MARYLAND WASHINGTON					, , , , , ,		ERSTO	TATAT					LIMITS?	
	10e. STREET AND NUMBER		MIDITITOTO	7.1				. ZIP COD				10a. CIT	IZEN OF V	1 TYES 2 X	NO
FUNERAL	10014 1077									·S·A·					
	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT O		IIC ORIGIN? (	Specify Yes	or No-	14. RACE	American India	en.
	1 Never Merried 2		FORCES? 1	YES 2 X	NO			ecify Cube						r, White, etc.	
D BY	3 Widowed 4 Dive	besne												WHITE	Ξ
ш	15. DEC (Specify on	CEDENT'S EDU ly highest grade	JCATION completed)		ECEDENT'S Give kind of	work done			ng	16b. KI	ND OF BUS	SINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	e. Do NOT u	,							Tara Dia		
M	8 17. FATNER'S NAME (First, A	#14 # A = 0			HOM	HOMEMAKER							HOME		
			ייים							ME (First, Mide					
BE	CALVIN LUT		AR1Z		Db. 84 A II 494/	ADDRESS	2 (01			G ELVA Poute Number,					
임	HELEN L. F													AND 2174	40
	20a, METNOD OF DISPOSIT			20b. PLACE					UND,	DATE		_	City or To		10
	1 25 Burlel 2 Cremetle 4 Donation 5 Dother		novel from State	BOON	SBOR	other place)	METE		9/	1/95				MARYLAN	
	21. SIGNATURE OF FUNERA	L SERVICE E	CENSEE					ND ADDRE							
8	> 10.01	M.C	ha. 1	Paul M.	Dean	B	AST	FUNE	RAL I	HOME				ional Pi	ke
	23. PART i. Enter the d	liseasea, or	complications the	t caused the d	eath Do	not enter	the mo	de of dv	ion auci	h an cardia	Boon	spor	0, M	21713	-1-
1	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Batween														
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completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death. 6 DIVISION OF VITAL RECORDS, P.O. BOX 68760 and com o burial, Hygiene prior to the attending physician Mental Hygiene prior to

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DIRECTOR: After the hours after death v

TO THE HOSPITAL TO THE FUNERAL I BE filed within 72 h

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Pages 1, 2, 3

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Jacqueline Jean Marie May SEPTEMBER 7:35 P.M. 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
Aug. 24, 1928 IF UNDER I YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign France 374-38-2789 67 MONTHS DAYS HOURS MIN. 1 | M 2X F YRS 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital Washington DIRECTOR Hagerstown RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Boonsboro 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 19g. CITIZEN OF WHAT COUNTRY? 6 School House Court 21713 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, FORCES? 1 YES 2 1 Never Married 2 Merried BY 1 TYES 2 TO NO Specify 3 Widowed 4 X Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade College (1-4 or 5+) Elementary/Secondary (0-12) clerk retail store 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Helen Tourlle Henry Fontaine BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Patricia Tosten 307 Landafield Ct., Boonsboro, Maryland 21713 20a, METHOD OF DISPOSITION
10℃ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Cedar Lawn Memorial Park Donation 8 Other (Specify) 9-7-95 Hagerstown, Maryland 21. SIGNATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY MINNICH FUNERAL HOME 415 E.Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. Liet only one ceuse on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition_ culton resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

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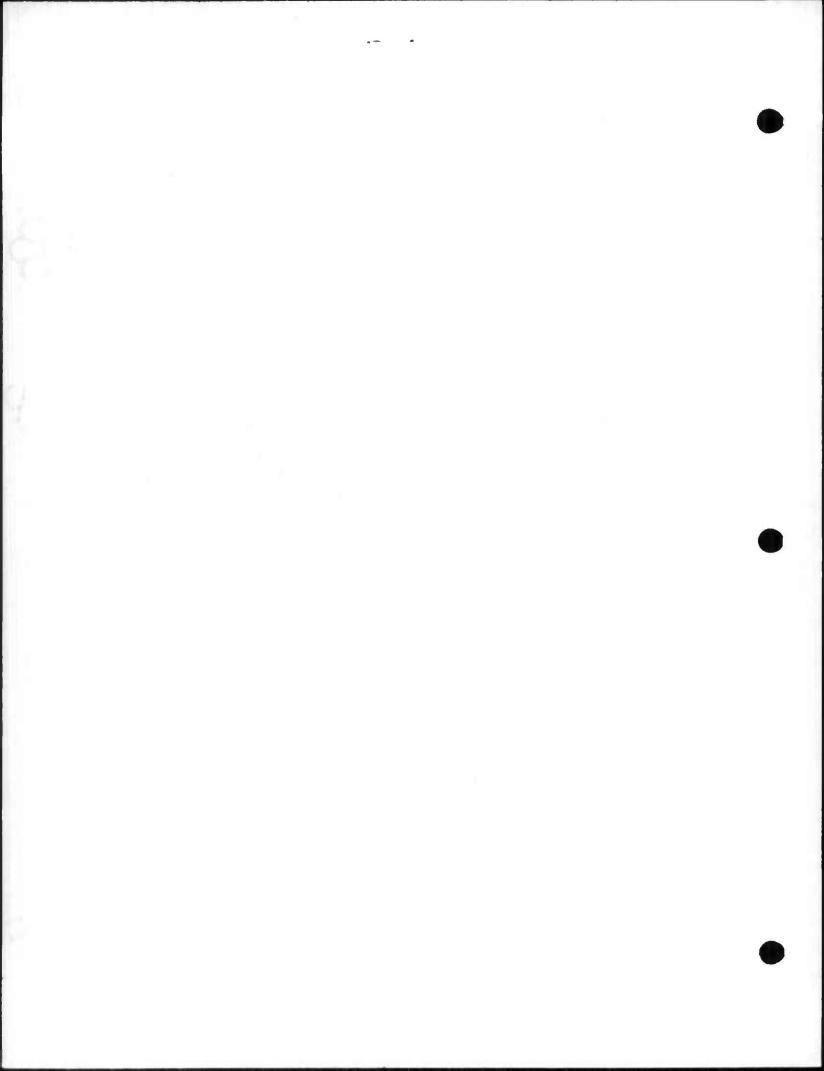
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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)		1. DECEDENT'S NAME (First, Middle, Linst) Alice	Elizabeth	Martin		2. DATE OF DEATH MONTH September 1,	3. TIME OF DEATH 9:00 a M					
2		4. SOCIAL SECURITY NUMBER 577-40-6565	1 M 2 X F	In yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH JUNE 26,	1914 Mar	THPLACE (State or Foreign with)			
2, 3 shou	OR E	9s. FACILITY NAME (If not institution, give si Physicians Memoria				plata	eath 9c. county of Death Charles					
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nsit permit	FUNERAL	100. STREET AND NUMBER 29 Moran Drive				20601		1 □ YES 2 🖄 NO  10g. CITIZEN OF WHAT COUNTRY?  United States				
	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 (X) NO	If yes, sp	ENDENT OF HISPANI octify Cuban, Mexican 2XX NO Specify:		ACE — American Indian, ack, White, etc.					
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8 8 8 8		17. FATHER'S NAME (First, Middle, Lest) Samuel Soper	0	nous	ewile	16. MOTHER'S NAM	Own Ho					
be retained to ge 5 should I	TO BE	190. INFORMANT'S NAME (Type/Print) Francis M. Martin		196. MAILING 29 Mor	an Drive	and Number or Aural Ac e, Waldor	oute Number, City or Tow f, Marylai	n. State, Zip Code) nd 20601				
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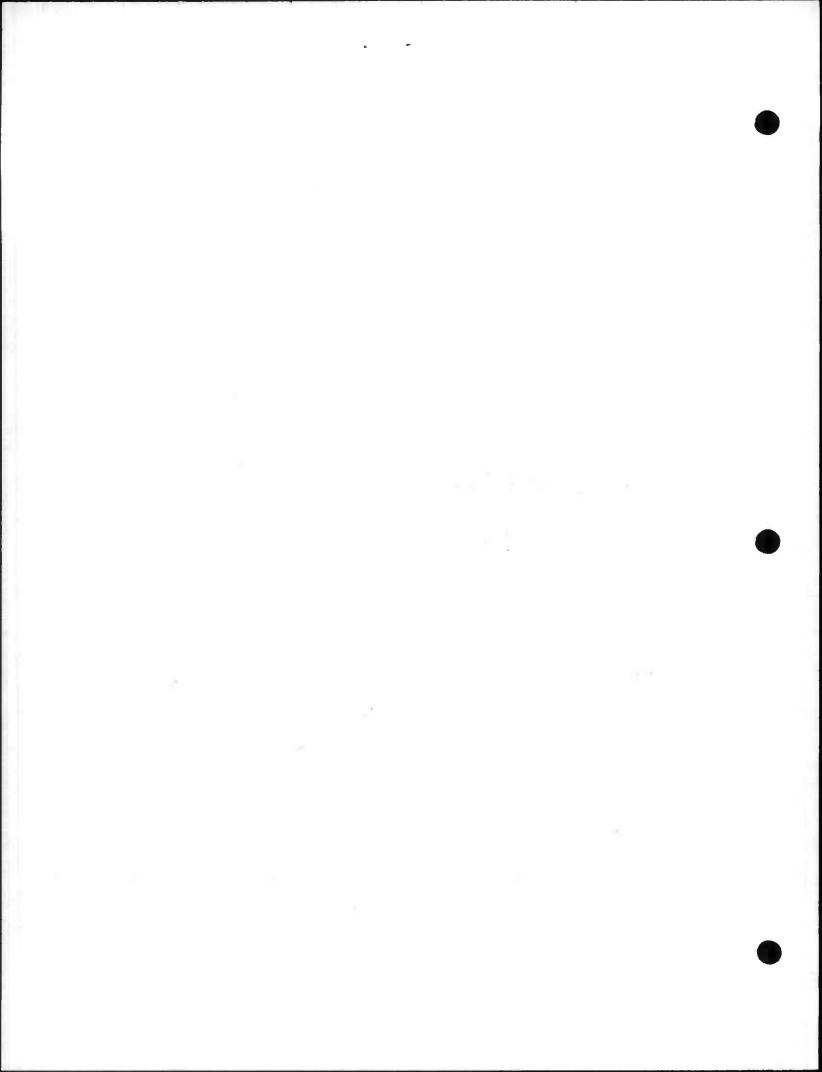
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2 2 2 W	6	1011	Chy	ul/	0 4	~						
		30. NAME AND ADDRESS OF Michael York		5506 Gre	on Tai	OTEM 27)						
	1 1	IMITCHAEL YOLK		JOOG GTG	THE TIME	A Library .						

31. DATE FILEO (Morith, Day, Year) SEP 0 6 1995

32. REGISTRAN'S SIGNATURE
Julia Davidson Rawfall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Aug 29, 1995  ${\bf P}_{\bf M}$ 4:00 Jean Mabel McLean 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Maryland RS. Jan 5, 1915 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George's Upper Marlboro c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? X 1 YES 2 NO Jpper Marlboro 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20772 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)
t YES 2 NO Specify: Specify: White ENT'S USUAL OCCUPATION ind of work done during most of working NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY EWIFE AT HOME 18. MOTHER'S NAME (First, Middle, Maiden Surname) Mamie Elizabeth Perry ILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 South Osborne Rd., Upper Marlboro, MD 20772 DATE OF DISPOSITION (Name of 9-1-95) DATE 20c. LOCATION — City or Town, State ton National Cemetery Suitland, Maryland 22. NAME AND ADDRESS OF FACILITY EE FUNETAL Home, Inc 6633 Old Alexandria Ferry Rd, Clinton, Md 20735 Do not entar the mode of dying, such as cardiac or respiratory arrest, Interval Between **Onset and Death** 6 YEAR VCE OF): VCE OF: 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY TLURS 1 TYES 2 NO 1 | YES 2 | NO YES NO UNCERTAIN DEATH (Check only one) 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO erm, street, factory, office 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) occurred at the time, data and place, and due to the cause(s) and menner as stated. ation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and manner as stated. 29g. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

• 08 - 30 - 45 Road, Upper Marlboro, Md 20772-7632

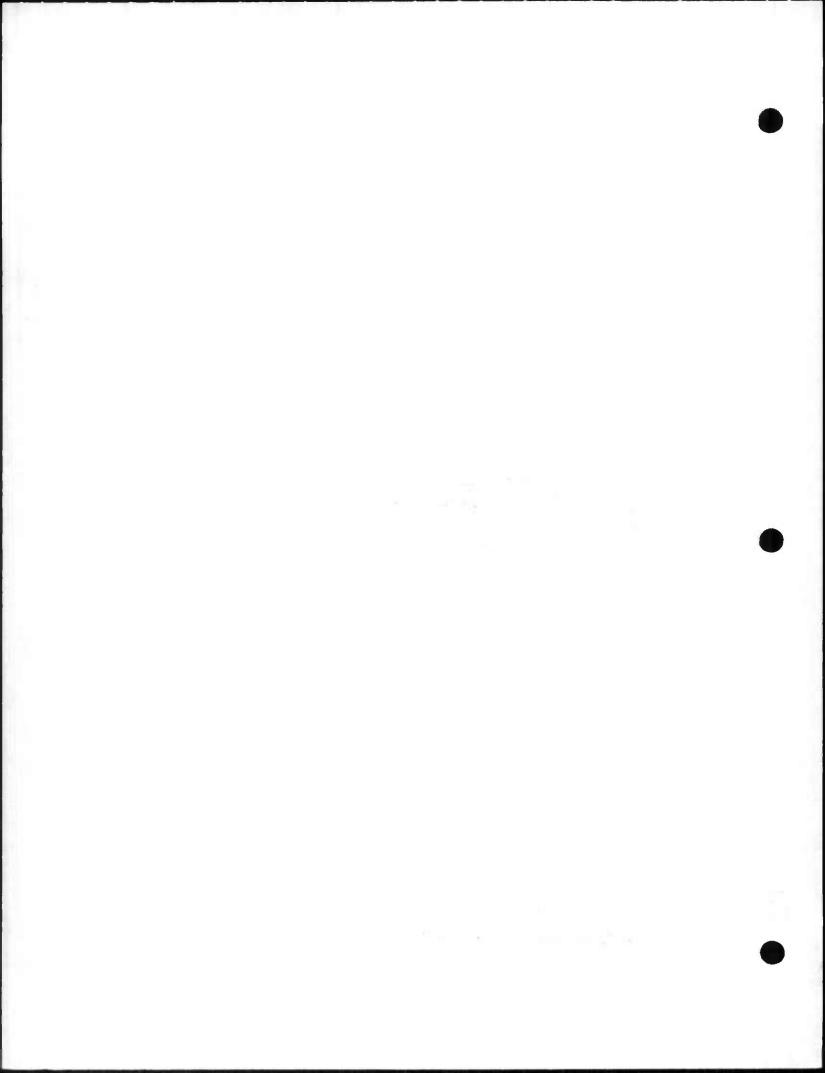


DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR 1 -

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)												
	MONTH DAY YEAR										TIME OF DEATN		
	Mae E		Mavr							August 23, 19		995 6:20 A N	
			5. SEX 8. AGE (In yrs. In		•	MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	Unknown	1 M 2 F	95	YRS.	1 11-1		12.4		August 5, 1	1900	Washir	ngton, D.C.	
œ	9e. FACILITY NAME (If not inetitution, give street and number)					9b. CITY		OR LOCATIO			9c. COU	NTY OF DEA	TN
Ö	Washington Adventist Hospital					<u> </u>	Та	koma	Par	k	Mo	ntgom	ery
EC		Ob. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				10	Id. INSIDE CITY
5	Maryland		1ontgome:				т-	1	n i				LIMITS?
-	10e. STREET AND NUMBER		TOTIC COME.	L.Y				koma		K	10a CIT		T COUNTRY?
ER/	620			"		209	1.2	_		l States			
FUNERAL DIRECTOR	11. MARITAL STATUS		12. WAS DECEDEN	•	ARMED	13.	WAS DEC	ENDENT O		IC ORIGIN? (Specify Yes			
E	1 Never Married 2 Me		FORCES? 1	YES 2	)400		If yes, sp	ecify Cuba 2 X NO	n, Mexicar	n, Puerto Rican, etc.)	0.110		American Indian, Thite, atc.
В	3 Widowed 4 Divorce	d					, , ,	2 V 140	Specify			Specify:	Black
COMPLETED	15. DECEDI (Specify only hi	ENT'S EDUC		16e.	DECEDENT'S	USUAL O	CCUPATIO	ON and wanted	-	16b. KIND OF BUS	SINESS/INI	DUSTRY	DIGOR
9	Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do NOT u	se retired.)	ourng mo	at OF WORM	v				
MP	12th				Н	ouse	wife						
8	17. FATHER'S NAME (First, Middl	ie, Last)						18. MOTH	IER'S NAI	ME (First, Middle, Melden	Surneme)		
BE		ert Br	own							te Hansbou			
2	19e. INFORMANT'S NAME (Type									loute Number, City or Town			
	Ted R. M		te		908	App.	lewo	od S	t., (	Capitol He	ight	s, Md	20743
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion	3 🗌 Remo	wal from State	20b. PLAC	CE AND DATE	OF DISPOS	ITION (Na	me of		DATE 20c. LO	CATION —	City or Town	State
	4 Donation 6 Other (Specify) Mt. Olivet Cemetery 8/29/95 Washington, D.C.												
	22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home												
	whole	1.	Dem	X . 11	/	4	001	Benn:	ing l	Rd., N.E.	Wash	., D.C	20019
N	Approximate interval Between Onset and Death  Severe Anoxic Damage of Central Nervous System  Due to (or as a consequence of):  Cardiac Arrest												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
											ERE AUTOPSY FINDINGS		
EDICAL	_Acute Renal	l Fai	lure							PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC											X.		DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN												
N N	25. WAS CASE REFERRED TO M				ACE OF DEA								
Sign	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nun		5 🗆 Re	sidence (	8 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1XX Natural 5 Pen 2 Accident	28b. TIM	E OF TURY M	28c. INJI WOI 1 Y	JRY AT RK? 'ES 2	] NO	28d. DESCRIBE HOW IN	JURY OC	CURED				
	2 Acceptance 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)  28f. LOCATION (Street and Number or Rural Route No. 1)								Number,				
COMPLETED										to the cause(e) end men			d manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF	), L	elledo	me				29c. LICE D23	NSE NUM	BER			23, 1995
-	Mario O. Bo	elled	onne, M.	D. 1	гем 27) (Тура, 21 Со1	Print) ngres	sion	nal I	ane	205 Rocl	kvil]	Le, MD	
	31. DATE FILED (Month, Day, Year AUG 3	0 1991	32. BOGISTRA	REGIGNATURE	Rardal	6							

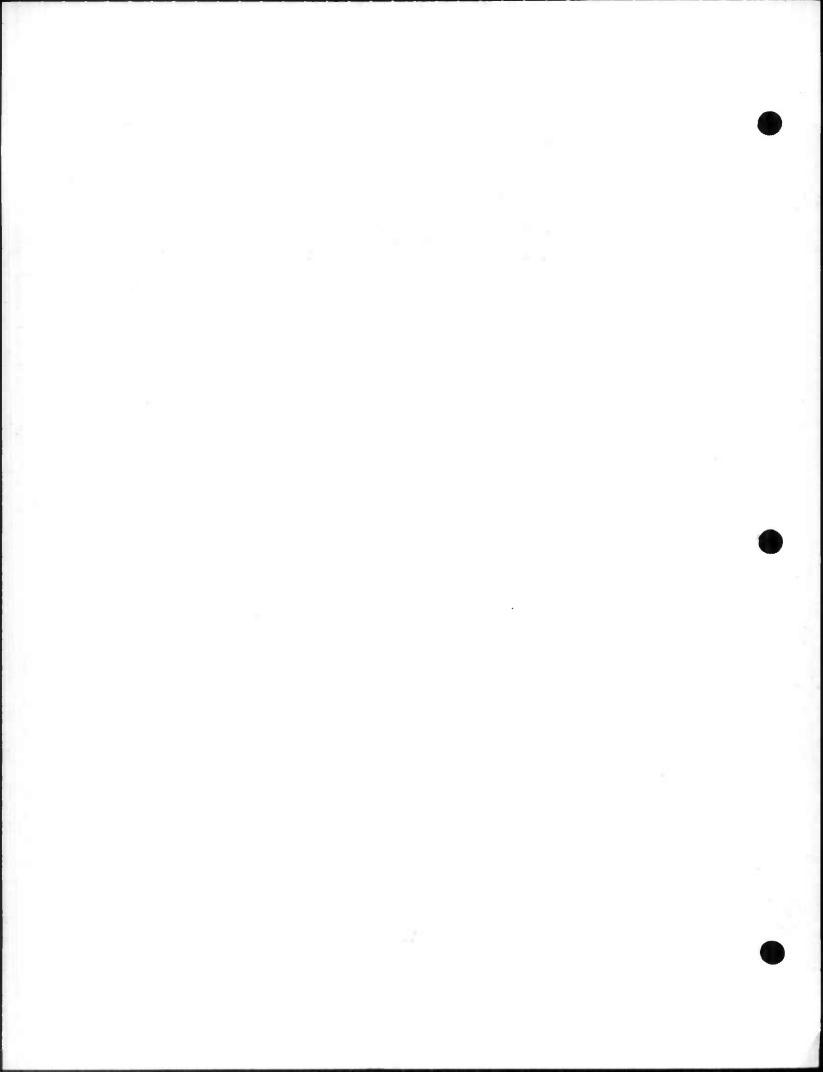


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

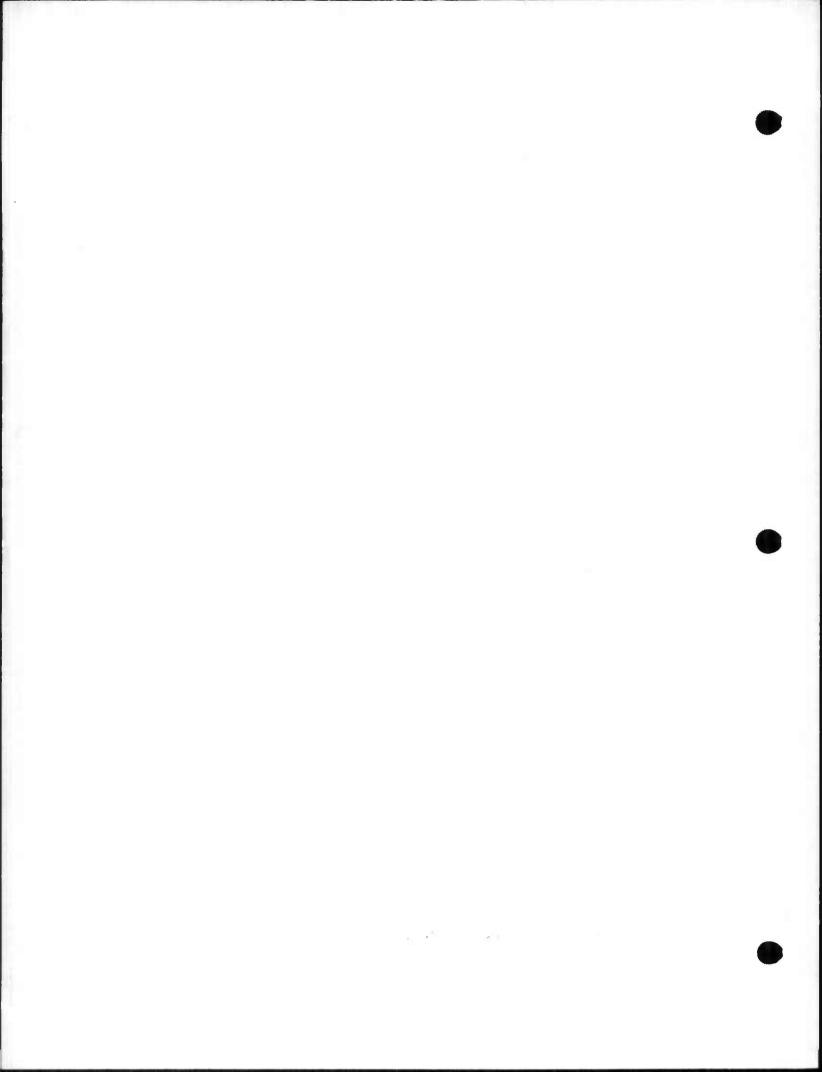
BALLIMORE, MARTLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	medical examiner must be notified at once.	
STORY OF ALL AL ALCOADS, F.O. BOX 68/80	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be selected the united page 1, 2, 3 should within 70 buris often death with the Create have of Headth and Martial Having Apple 2002 to burial resemble or comment.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COURSETED BY BUXBLOIAN. MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O			3.	TIME OF DEATH	
	Evelyn C. Mile	s				Augus	ct 17	, 199	EAR	8:30 p	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O				ACE (State or Form	down
	215-48-9296			ONTHS DAYS	HOURS MIN.	(Month,	Day, Year)		Country)		777
	9a. FACILITY NAME (If not institution, give			- CITY TOWN	OR LOCATION OF D	Jan.	15, 1				
DIRECTOR	Magnolia Gardens	PR LOCATION OF D	EATH		Prince		orge's				
Ĕ l	10e. STATE 10b. COUNT	ry	10c. CITY, 1	TOWN OR LOCAT	ION				10	d. INSIDE CITY	
5	Maryland Prin	ce George's	Lan	ham					1.5	LIMITS?	n
	10a. STREET AND NUMBER			101	. ZIP CODE		T	10a. CITIZEN		T COUNTRY?	
	8200 Good Luck R	oad			20706			U.S.A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ENGENT OF HISPAI	HIC OBIGINS	(Specify Year			American Indian	
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify					in, Puerto Ric	can, etc.)	NO HO	Black, W	hita, atc.	,
à l	3 🖾 Widowed 4 🗌 Divorced	IF TEO, GIVE WAN ON D	ALES	1 L YES	2 NO Specif	y:			Specify:	White	
유	15. OECEDENT'S EO	UCATION	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b, K	CIND OF BUSI	NESS/INOUS1		WILLEC	
	(Specify only highest gradi Elementary/Secondary (0-12)	le completed)  College (1-4 or 5 +)	(Give kind of world life. Do NOT use n	k done during mo etired.)	st of working	1011000					
4	12	conege (1-4 or 5 4)	Homemak	er			own Ho	m e			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
	(Unavailable)	Earp			Maybe		Cha				
ᆱ	19a, INFORMANT'S NAME (Type/Print)	2027	19h MAII ING AF	ODESC /Street o	nd Number or Rural				ed e S		
임	Evelyn M. Gough									1 01/0	.
1	20a, METHOD OF DISPOSITION				d Drive						1
	1 Buriel 2 Cremation 3 Ren	novat from State	p. PLACEAND DATE OF I netery, cremetory or other DION CEMET	place)		OATE		ATION - City			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		iion Cemer			1/95	Burt	onsvi	lle,	Maryla	nd
		7		Franci	s Gasch	s Son	s Fun	eral F	lome	DΛ	
	Henry S.	trend		4739 F	altimore	AVA	Hwat	tevill	o N	m 2070	,
	23. PART I. Entar the diseases, or	complications that cause	d the death. Do not	entar the mo	da of dying, auc	h aa cardia	c or reapin	tory arrest	,	Approximat	
	immediate cause (Final	List only one ceuse on a	ach line.							Onset and I	
	disease or condition	acute Co	myin e.	1 mm	a. ar	val				8-170	25
ı	resulting in death)	OUE TO (OR AS /	CONSEQUENCE OF):	ATTICAL	ag ca	1001				3   [==	10
- 1	_	. acute 1	Preumor							8-9	<
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	010						-	$\stackrel{\smile}{-}$
§ ∥	cause. Enter UNDERLYING	. Ouzheur	ner's (	Dispa	80					1979	
Ě	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):		8-					, , ,	
	resulting in death) LAST	· Dlabe	tes me	litus						1970	7
S	DARY II OAL I - III A IIII										
₹	PART II. Other algnificant condition	na contributing to daeth b	out not resulting in t	the underlying	cause given in	Part i. 2	4a. WAS AN A PERFORM			RE AUTOPSY FINE	
	Grandmalse	150hez H	JUND, C	THE		1	1 - YES 2	NO X	co	MPLETION OF CAL	
¥.										YES 2 NO	
ž I	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NO [X	UNCERTAIL	N					
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH								
S I	1 TES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outs		THER: Nursing Hom	5 🗆 Residence	6 Other (	Specify)				
É	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJ	URY AT		RIBE HOW IN.	JURY OCCUR	ED		$\neg$
2	1 Natural 5 Pending 2 Accident Investigation	NIA	INJUR		ES 2 NO						
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Spec	- At home, farm, stre	et, factory, office			ION (Street an	d Number or F	Rural Floute	Number,	
	4 Homicide determined	bunding, att. (Spec	NIA			City or	Town, State)				- 1
ן ב	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ladge death seemed	d the time date							
COMPLET	(Check only	ER: On the besis of examination									
							na piace, and	oue to the ce	000(8) 871	o manner as stat	
# I	296. SIGNATURE AND TITLE OF CERTIFIE	WI WI			29c. LICENSE NUI	WBER		29d. DATE SK	GNED (Mo	onth, Day, Year)	
፼	20 NAME AND ADDRESS OF STREET	O COMPLETES STATES			2111	9		8	-d	941	
	30 NAME AND ADDRESS OF PERSON WI	T W O O	ATH (ITEM 27) (Type, Pri	(nt)	ILE Ra	21.	MAC	02000	,00	000	2.2
	O' P'IUII UI	+ 170 40	791 CD	WOU!	IK RU	2111	2010	prine	311	1090	710
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE ALL								
,	AUG 2.8 1995	June minore									- 1



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the attanding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-14 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attanding physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND MICATE OF DEATH	ENTAL HYGIENE 8EG, NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Harrison Odel	.1 McLeod	A	ugust 26,1995.	11:07 P.M.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign
	213 20 1470	1 № M 2 □ F 69 YRS.	MONTHS DAYS HOURS MIN.	July18,1926 No	orth Carolina
000	9e. FACILITY NAME (If not institution, give stre		9b. CITY, TOWN OR LOCATION OF DEAT		Y OF DEATH
DIRECTOR	Prince Georges Cou		Cheverly, Maryla	nd. Prince	Georges
띮	10e. STATE 10b. COUNTY	Cap:	tol Heights, Md.		10d. INSIDE CITY LIMITS?
	Maryland Prince	Georges	10f. ZIP CODE		N OF WHAT COUNTRY?
FUNERAL	4316 North Addison	Road	20743		S.A.
5		12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC	ORIGIN? (Specify Yee or No — 14	. RACE — American Indian.
	1 Never Married 2 Merried	FORCES? 1 YES 2 NO	If yee, specify Cuben, Mexican,  1 YES 2 X NO Specify:	Puerto Ricen, etc.)	Black, White, etc.
ВУ	3 Widowed 4 Divorced	2000 - 100 2000	- Carlotte Carlotte	Af	rican American
TED	15. DECEDENT'S EDUCA (Specify only highest grade of		USUAL OCCUPATION vork done during most of working e retired.)	16b. KIND OF BUSINESS/INDUS	TRY
COMPLETE	12th Grade	College (1-4 or 5+)  Bricklaye		Construction	
MO	17. FATHER'S NAME (First, Middle, Lest)	prickiaye		(First, Middle, Meiden Surneme)	
	Harrison McLeod S	r.	1	len Hill McLeod	
) BE	19e. INFORMANT'S NAME (Type/Print)	, 19b, MAILING	ADDRESS (Street and Number or Rural Root or th Addison Road	ute Number, City or Town, State, Zip Co	ode)
5	Bessie McLeod	4316 No	orth Addison Road	,Capital Height	s,Md. 20743
	20e. METHOD OF DISPOSITION  XXBurtel 2 Cremetion 3 Remov	20b. PLACE AND DATE C	OF DISPOSITION (Name of	DATE 20c. LOCATION — Cit	y or Town, State
	4 Donation 5 Other (Specify)	Glenwood Ce	emetery A	ugust 30,1995.	lashington,D.C.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	22. NAME AND ADDRESS OF FACIL 3447-14th Stree	T. N. W. Washing Fo	meral Home
	W. PI	Dacon	7 2 55165	c y w was managed	11,5:0:20010
	23. PART i. Enter the diseases, or co	mplications that caused the death. Do n ist only one cause on each line.	ot enter the mode of dying, auch	se cardiac or respiratory arres	
	IMMEDIATE CAUSE (Final	21			Onset and Death
	disease or condition resulting in death)	Mesothe olis ma	melas/alu		
		DUE TO (OR AS A CONSEQUENCE OF	):		
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE OF	٠-		
Ä	if any, leading to immediate cause. Enter UNDERLYING	10 (0.000)	r		į .
F	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF	):		
표	resulting in death) LAST				
	PART ii Other elemificant conditions	contributing to death but not resulting in			
CAL	TAIT II. Ottor agrittoant conditions	contributing to death out not resulting i	n the undarlying cause given in Pa	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC				1 TYES 2 1 110	OF DEATH?
Σ	DID TORACCO LISE CONTRI	BUTE TO CAUSE OF DEATH YE	S   NO   UNCERTAIN	-	1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEAT			
18		HOSPITAL:	OTHER: 4  Nursing Home 5  Residence 8	C Orbon (Connection	
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY 28b. TIME	OF 28c. INJURY AT 2	Bd. DESCRIBE HOW INJURY OCCUP	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJI	M 1 YES 2 NO		
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, 1erm, st building, etc. (Specify)	treat, factory, office 2	81. LOCATION (Street end Number or	Aural Route Number,
ETED	4 Homicide determined			City or Town, State)	
P.E.	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	AN: To the beat of my knowledge, death occurre	d at the time, date end place, and due to	the cause(s) end manner es atated.	
COMPL		On the besis of exemination end/or investigation			
ш	206. SIGNATURE AND TITLE OF CENTIFIER	2	29c LICENSE NUMB	ER 29 _d . DATE S	IGNED (Month, Day, Year)
0	Augusts V. Kg	dujus MM	W2122	D Augus	127,1995
유	30 NAME AND ADDRESS OF PERSON, WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print) / Al A	7 116	11.10
	MUSUSTO P. Juch	1009, 5009	Kaypumet. C	p gp. 1/4	207408
1	31. OFF PLE 1005	CALIFORNIA SIGNATURE	10		



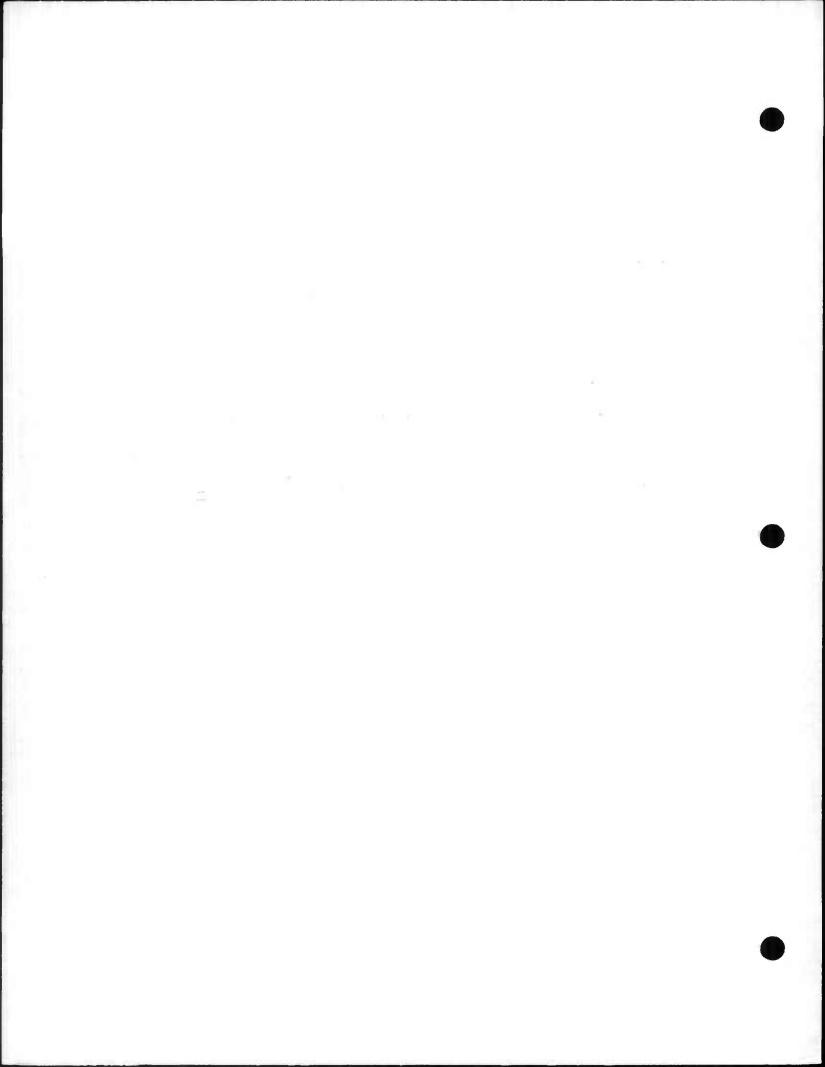
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

•		1, DECEDENT'S NAME (FIRS			101.041				DEA		2. DATE OF DEAT MONTH	H	YEAR	3. TIME OF DEATH
•		AGNES  4. BOCIAL SECURITY NUM	LOUIS	E MII	LER						SEPTEMB		1995	2:30 P™
		182-22-294		1 - M 2 D F	s. age (in yes. in	YMS.	WONTHS	DAYS	# UNDER	MIN.	(Month, Day: 16wr) Country)			PLACE (State or Foreign ) NNSYLVANIA
should	l	Se. FACILITY NAME (If not i					90. CITY	TOWN	OR LOCATE	ON OF DE				
64	DIRECTOR	SACRED HEA		SPITAL			C	UMB	ERLAN	D		AI	LEGA	NY
-	5	RESIDENCE OF DE	16b. COUNT	Y		10s. CIT	ry, town o	B LOC	ATION				Т	15d. INSIDE CITY
F		PA	BEDI	FORD		1000	NDMA							TXXVES 2 NO
The T	FUNERAL	10s. STREET AND NUMBER						,	er. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
family family	E	R. D. 1, B	OX 8	I					155				USA	
ding physics The burlait	BY	11. MARITAL STATUS  1					13. WAS DECENDENT OF HISPANIC ORIGINAL TYPES 2 NO Specify Cuben, Mastern, Puerto 1 1 YES 2 NO Specify:					y Yes or No	Black.	— American Indian, White, etc. VHITE
E E	ED	15. DEC (Specify on	EDENT'S EDU	CATION completed	16a. 08	CEDENT'S	USUAL O	CUPAT	TON rost of working		166. KIND OF	BUSINESS/IN		100000000000
2 6	COMPLET	Elementary/Secondary (		College (1-4 or 5 +	·) Me	Do NOT u	on retired.)	any a	out or worter					
he hospi detached detached	₽ E	17. FATHER'S NAME /First, A			1	HOMEM	AKER		,		HOM	-		
100 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日		HOWARD E		YDIG					2.516	hery's na DA	ME (First, Mickelle, Ma			
	88	19s. INFORMANT'S NAME (			T 10	h MAII MO	Annered	/Dane	771		ELLEN Rum Number City or	MULL		
y be retained uge 5 should be notified	5	CLYDE W.	MILLE	R							MAN, PA	1554	127	
ne 6 mag rector, p		25a METHOD OF DISPOSIT 1 X Burlet 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	in 3 🗌 Rem	2010/00/2019/2019/2019	20b PLACE	DMAN	OF DISPOS they placed CEM	TEI	RY SE	PT 7	, 1995	LOCATION — HYNDMA	N. PA	rn, State
death. Pag tuneral di examiner		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME A	AND ADDRES	38 OF FAI	IGLER FU			
		Paule	AZ	excer			1	IYNI	DMAN.	PA	15545-	0636		
od within of hours after completely filled in by the il, cremation, or remove event, the medical		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate Interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF).												
	z	Sequentially list condit		# 1 # 1/2 / # 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2 / 1/2	CARD		in	far	200	Cro				IIDALS
eath certificate be execute attending physician and c rital Hygiene prior to buril y, or other traumatic	CERTIFICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	COQ	OR AS A CONSES	Y P	YZFE	07	10	SE	PSG			10 YEARS
9 4 4 A		PART II Other significa	nt condition	contributing to	death but not r	esulting	in the un	derlyir	ng cause g	iven in	Part i. 24a. WA	S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
det Di be me l	MEDICAL	LAROTE	> 0	lines o								S 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
quires than signed if Health a	MEC	10 APOCT	70 /	&NA.	WSEME	2						7,230,110		OF DEATH?
has been Dept. of 23 sh		DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF DEA	TH YE	ES 🗆 1	10 E	3 UNC	ERTAIN	1 🗆			
E at a	SICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	26. PLAC	E OF DEAT	TH (Check of		)					
CLAN: certificathe St	ıs⊦	1 TYES 2 XNO		1/Q Inpatient 2			4 🗆 Nuri	ing Hor		sidence	6 Other (Specify)			
NG PHYSICIAN: The state this certificate ath with the State marked, or Item	ву РНУ		Pending Investigation	28s. DATE OF (Month, De	INJURY ny, Ybar)	28b. TIM INJ	IE OF JURY M	W	JURY AT ORK? YES 2	NO	28d. DE\$CRIBE HO	W INJURY OC	CURED	
TTENDII TOR: Ai after de 28 is	8	3 Suicide 8	Could not be detarmined	28s. PLACE Of building,	F INJURY — At he etc. (Specify)	me, ferm, :	street, facti	ory, offic	Ce		261. LOCATION (Str. City or Town, S	reet and Number tate)	or Rural Ro	oute Number,
DIRECT POURS	COMPLET	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occum	ed at the ti	me det	n and place	and thus	to the cause(s) and			
THE HOSPITAL THE FUNERAL filed within 72 h	MC													and manner as stated.
FUN WITH	E C	29b. SIGNATURE AND TITLE			· M				29c. LICE					Month, Day, Year)
TO THE HOSPITA TO THE FUNERA De filed within 7 IMPORTANT: I	m		1	NOBELT C	Jel P	5			DZ	187	5	N .		BER 5, 1995
3	TO	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETEO CAME	9/12 C	H 27) (Tyre,	Dri	10 1	0	ho	rland.			
		31. DATE FILE STOP DO	5° 1995	SHOW THE THE	cantomire.	dell	J/ []			4176	Luna.	1412	×1.\	



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

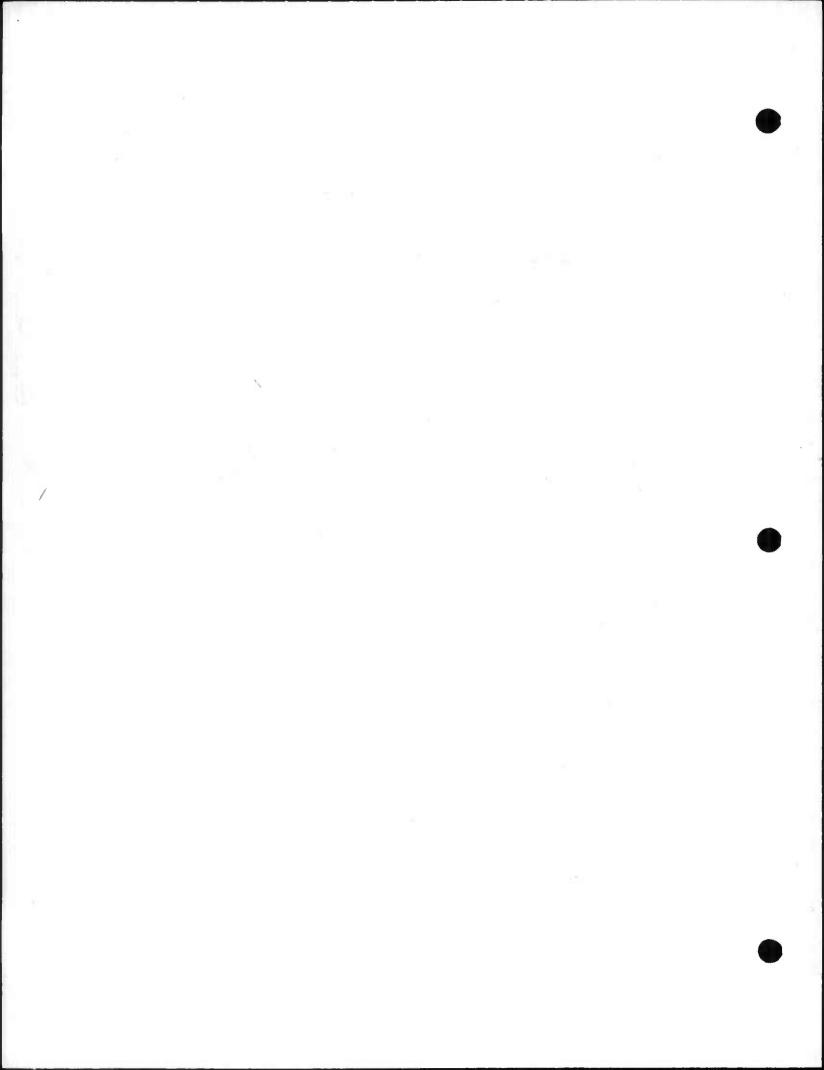
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

armended # 18 + 22

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

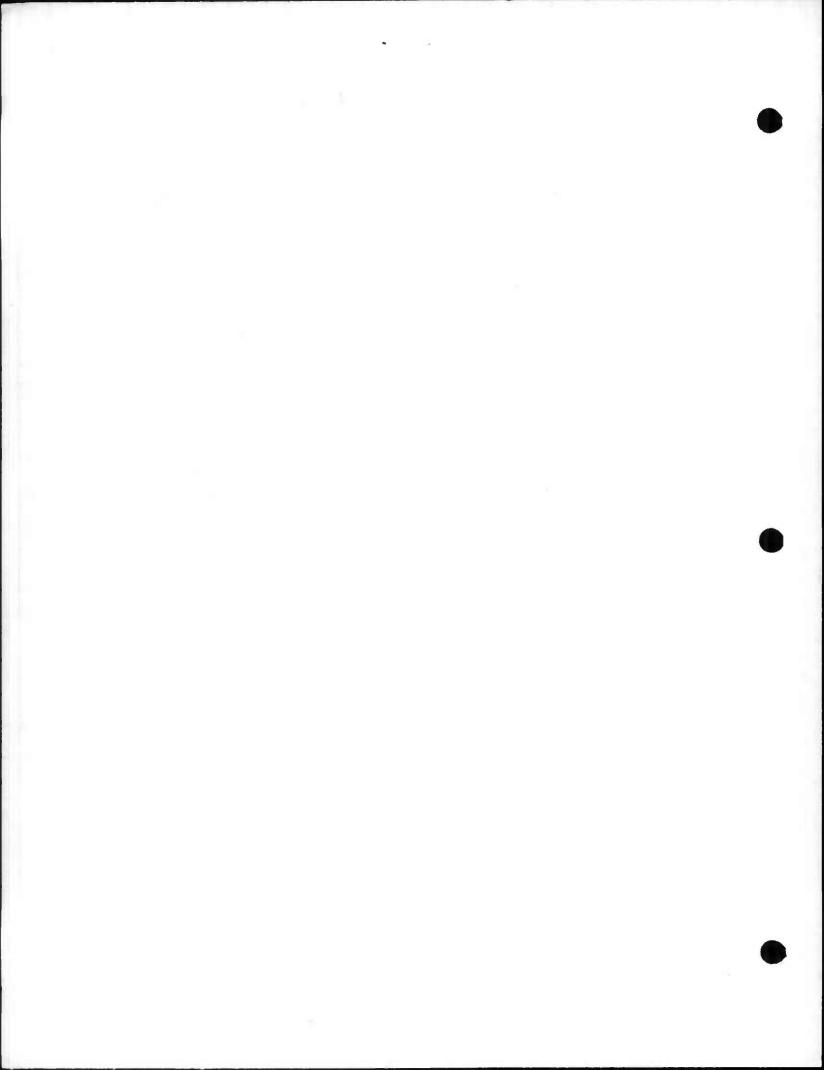
REGISTRAR	ERTIFIC	ATE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH		T	3. TIME OF DEATH
EMMA GERTRUDE MCFARLAND				SE	PTEMB	R 3	1995	10:45 A M
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. las	et hirthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O				
214-07-5117 1 M 2 DAF 80	214-07-5117 1 M 2 X F 80 YRS. MONTHS DAY						Country	RYLAND
99. FACILITY NAME (If not institution, give street and number)  SACRED HEART HOSPITAL		RLAND	EATH			LEG/		
RESIDENCE OF DECEDENT								
SACRED HEART HOSPITAL    PRESIDENCE OF DECEDENT   100. COUNTY		STBUR						10d. INSIDE CITY LIMITS?
	FRU							1 X YES 2 NO
100. STREET AND NUMBER  100 HONEYSUCKLE LANE, APT.  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARIT PORCES?  1 VES 2 (X)	224	101	21532			-	J.S.	HAT COUNTRY?
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARITHMENT FORCES?  1 Never Married 2 Married FORCES?  1 YES 2 No.	MED		ENDENT OF HISPAI			or No-		American Indian,
3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES	NO		2 NO Specif		ican, etc.)		Specify	WHITE
(Specify only highest grade completed) (Gi	CEDENT'S USU	done during mo-	N st of working	16b.	KIND OF BUS	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +)	. Do NOT use reti	ired.)			номе			
UNKNOWN H	IOMEMA	KEK						
			NELLI	ME (First, M	iddle, Meiden	Sumame)		
THOMAS BURKEY  19e. INFORMANT'S NAME (Trop/Print)								
			nd Number or Rural					MD 21042
OUDITH MAZZUCA P4		_						MD 21043
208. METHOU OF DISPOSITION  1     Suriel   2   Cremation 3   Removal from Stata   20b. PLACEA cometery, cref  4   Donation 8   Other (Specify)	AND DATE OF DI	SPOSITION (Na	PARK	O /F/S	20c. LO	CATION —	City or Tow	n, Stata
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	CI MEN	22. NAME AN	D AOORESS OF FA	7/3//	3 (	ם חייו כ	KLAN	ט, אט
Hendy M. Upchurch		GEOR	GE-UPCH	URCH				E, P.A. D 2150\2
23. PART i. Enter the diseases, or complications that caused the de-	eth. Do not e	enter the mo	de of dying, suc	h ss cerdi	ec or respi	ratory an	rest,	Approximate
ahock, or heart feliure. List only one ceuse on each line.  iMMEDIATE CAUSE (Finel	).							interval Between Onset and Death
disesse or condition	0-0: -A	D 7	Tilme					
resulting in death)  DUE TO (OR AS A CONSEC	QUENCE OF):	7						60 horas
Sequentially list conditions, if sny, leading to immediate	DUENCE OF):			2				
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUT								
that initiated events DUE TO (OR AS A CONSEC	DUENCE OF):							
resulting in deeth) LAST								l L
PART II. Other significant conditions contributing to death but not make	esulting in th	e underlying	ceuse alven in	Part i	24a. WAS AN	ALITTOREY	1 045 5	WERE AUTOPSY FINDINGS
PART II. Other significant conditions contributing to deeth but not re	16.0	- 10 · c	Can-		PERFOR	MED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	sepport &	, רעי	- 1	1 TYES 2	NO		OF DEATH?
				[			1	YES 2 NO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEAT 25. WAS CASE REFERRED TO MEDICAL 26. PLACE	E OF OEATH (C		UNCERIAII	иП				
EXAMINER? HOSPITAL:	OT	HER:						
1 YES 2 NO 1 TO Inpettent 2 ER/Outpettent 3  27. MANNER OF DEATH 28s. DATE OF INJURY	28b, TIME OF	Nursing Home	5 Residence					
	INJURY	WO	RK?	280. DESC	RIBE HOW II	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 8 Could and b 28e. PLACE OF INJURY — At hor	To farm street		ES 2 NO	201 1 200		-121 1		
8 Could not be building, atc. (Specify)	tiro, sarrii, accest	, ractory, office		City or	TION (Street a Town, State)	na Number	or Hural Ho	ute Number,
29e, CERTIFIER								
4   Homicide   S   Could not be determined   Duliding, atc. (Specify)    29e. CERTIFIER (Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, determined   MEDICAL EXAMINER: On the best of examination and/or in								and manner as stated.
			29c. LICENSE NUM					Month, Day, Year)
200. SIGNATURE AND TITLE OF CERTIFIER		- 1	D2124	4		▶SE!	PTEMB	ER 4, 1995
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM JESUS TAN, M.D FROSTBUR	G PLA	ZA, FI	ROSTBUR	G, M	D 2	1532		7
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								
	lath.					52		

3



HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Panes 1.2.3 should	on, or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin Z	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 STATE		STATE OF M	MARYLAND /	DEPAR	RTMENT	OF H	IEALTH	AND	MENT	AL HYGIEN	Ε		
	1. DECEDENT'S NAME (First, Henrietta		7-1	CI	ERTIF	Mas		DEA	ГН	2. DAT	REG. NO		YEAR	3. TIME OF DEATN 7:23 AM
	4. SOCIAL SECURITY NUME 196-18-37	BER	Valeria 5. sex	6. AGE (In yrs. les 72	t birthday)	IF UNDER		IF UNDER	MIN.	7. DAT	E OF BIRTH		6. BIRTI	HPLACE (State or Foreign
	9a. FACILITY NAME (# not in			12	THS.	July 23,192						NTY OF D	ennsylvan:	
TOR	1319 Greenmon					Wa	aldor	f					Charl	les
DIRECTOR	Maryland	Prin	ce Geor		y, town o amp			S					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 6107 W	esson	Drive				101	ZIP CODE	0746	5			S.A	WHAT COUNTRY?
ВУ	11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES  3 Widowed 4 Divorced				MED 40	- 11	f yes, sp	ENDENT Cooling Cube	n, Mexica	n, Puerto	ilN? (Specify Yes o Rican, etc.)	or No—	14. RACI Blact Spec	E — American Indian, k, White, alc.
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUC y highest grade	CATION completed) College (1-4 or 5 s	(G.	to kind of a Do NOT us	usual oc work done d se retired.)	during mo	ON est of working	ng	16	At H		DUSTRY	
	17. FATNER'S NAME (FIRST, M. John K		nsky	- 10			_				, Middle, Maiden		К	ocalineks
TO BE	19a. INFORMANT'S NAME (7)	198. INFORMANT'S NAME (Type/Print)  199. MAILING ADDRESS (Street and Number of Burel Brute Number City of Town State 7th Code)												
	20b. PLACE AND DATE OF DISPOSITION   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE													
1	21. SIGNATURE OF FUNERAL SERVICE VERSEE  MO0174  MO0174  P.O. BOX 567, LA PLATA, MD. 20646													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Esophageal. Adenocarcinoma  Due TO (OR AS A CONSEQUENCE OF):													
	IMMEDIATE CAUSE (Fin disease or condition	art tallure.	Esophage	eal. Adenoc	carcin	ioma.	the mo	da of dyi	ing, auci	h aa ca	rdiac or reapi	ratory arr	reat,	Approximata interval Between Onset and Death of Months
ERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition	one, dieta	Esophage DUE TO	eal. Adenoc	Carcin	noma. Fi:	the mod	da of dyi	ing, aucl	h aa ca	rdiac or reapi	ratory an	reat,	Approximata interval Between Onset and Death of Months
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLY!!  CAUSE (Disease or injuic that initiated events.)	ona, siata NG ry	Esophage Due to Due to	se on each line eal. Adenox (or as a consect (or as a consect (or as a consect (or as a consect	CARCIN	noma Fi: Fi:	the mo	da of dyi			24a. WAS AN PERFOR	AUTOPSY MED?		Approximata interval Between Onset and Death of Months
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DE 28f. LOC/h to the ca	24a. WAS AN PERFOR 1 YES 2  er (Specify)  SCRIBE NOW IN State)	AUTOPSY MED?  NO  NJURY OCC  Ind Number  Iner ea state  d due to the	24b.  CURED  or Rural R  ed.  ed.  e cause(s)	Approximate interval Between Onset and Death Onnichs or less  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO



DIVISION OF VITAL RECORDS, P.O. BOX 68760

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31. DATE FILED (Month, Day, Year)

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TO THE MOSPITAL OR ATTRINDING PHYSICIAN: The law requires that the death certificate be executed within-2s hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN Harold Miller Emerson Sr. August 995 12:02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) B. BIRTHPLACE (State or Foreig Country) DAYS HOURS 215-36-1542 TY M 2 | F 70 April 9, 1925 Maryland Se. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR The Kent and Queen Anne's Hospital Kent Chestertown 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent Kennedyville 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 11277 Chesterville Road 21645 United States 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. Il yes, specify Cuban, Mexican, Puerto Ric 1 Never Married 2 X Married BY 3 Widowed 4 Divorced Specify White COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 11 Farmer Dairy Farming 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle Maiden Surname) Ralph E. Miller BE Elizabeth Beasten 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 Mrs Margaret A. Miller 11277 Chesterville Road, Kennedwille, Maryland 21645 20a, METHOD OF DISPOSITION

1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 8 Other (Specify) _ Shrewshiry Cemetery - Angust 12 19 Kennedwille, Maryland 1995 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Fellows Funeral Homes, P.A. William L. King Jr. 370 Cypress Street, Millington, Maryland 23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on a Interval Between IMMEDIATE CAUSE (Final Onset and Death menortagie CVA & herNIATION disease or condition acute L2460 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 124 L MASSING CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate Artu cause. Enter UNDERLYING DUE TO (OR AS A PONSEQUENCE OR CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s WAS AN AUTOPSY Heart Failing Concestive 1 TYES 2 ILLNO OF DEATH? 1 YES 2 140 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER 1 TYES 2 NO 1 Mpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 NERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end manner as stated. (Check only one) examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner es stated. 296 SIGNATURE AND TITLE OF CERTIFIES BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D56054

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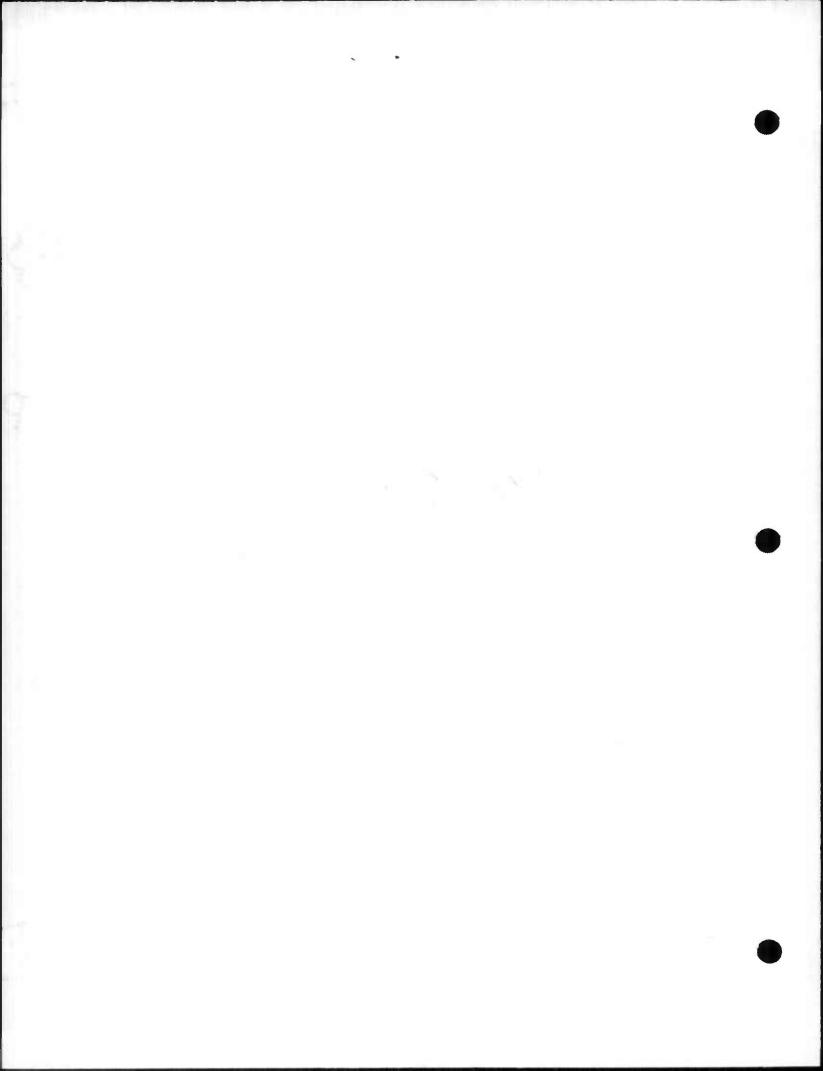
Julia Davidson-Randell

38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'95

32. REGISTRAR'S SIGNATURE

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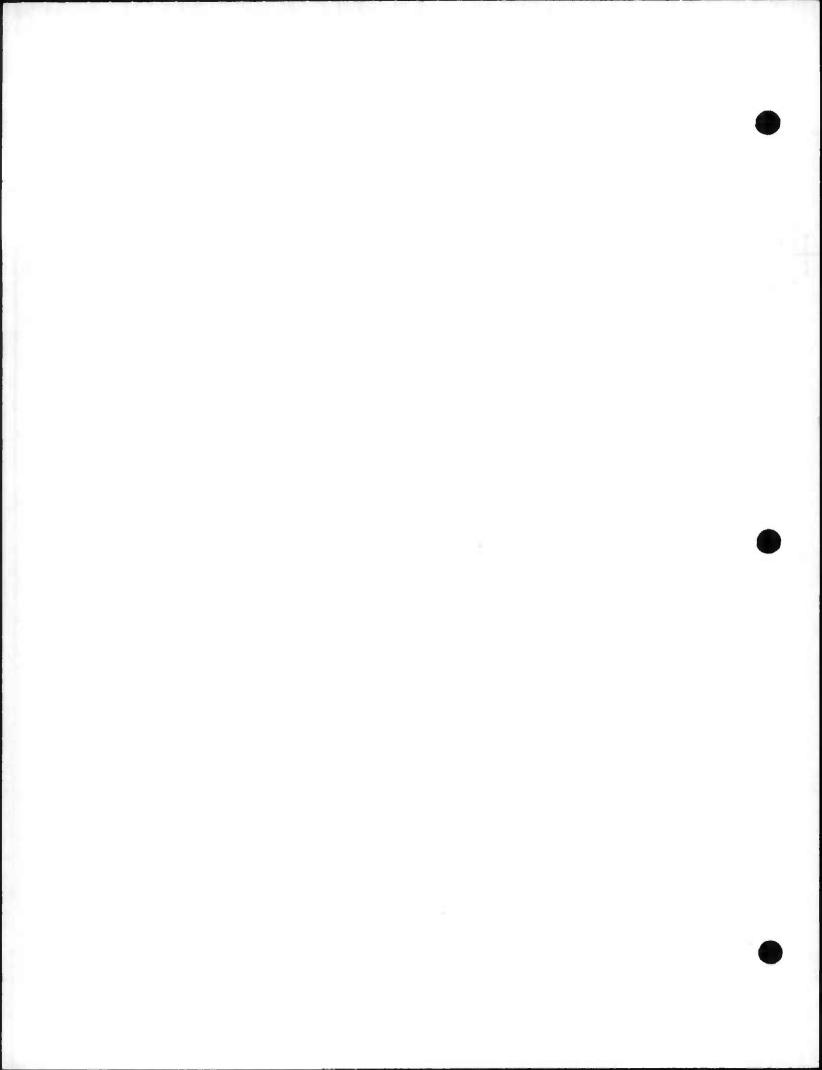
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Amelia Bowie Thomas Morsell September 1995 1020 A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F MONTHS DAYS NOURS MIN. 217 44 5330 YRS. 81 June 20 1914 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 5902 Morsell Rd. Prince Frederick Calvert RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Calvert Prince Frederick 1 YES 2 NO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5902 Morsell Rd. 20678 and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or burial, cremation, or removal. United States Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 1 TYES 2 KNO 3 Widowed 4 Divorced Specify: Specifywhite COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) <u>homemaker</u> own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnam William Douglas Nelson Thomas Elizabeth Steuart Calvert 76 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Amelia M. Grady 5900 Morsell Rd. Prince Frederick MD 20678 P 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 1995 must 1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Sept 5 ether place) Epis. Prince Frederick MD examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4405 Broomes Is. Rdport Republic MD hours after death. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the certificate be executed within 24 disesse or condition lenores -ewevent, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate been signed by the attending physician rt. of Health and Mental Hygiene prior to e. Enter UNDERLYING other 1 CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 5 the death PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Severe that any Cachena. AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 requires Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES | NQ | UNCERTAIN | has be Dept. W.P. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL OTHER: OR ATTENDING PHYSICIAN: 1 - YES 2 70 Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this ( Natural 5 Pending DIRECTOR: After the hours after death was M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 8 Could not be 4 Homicide 28 determined COMPLET fem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
BE filed within 72 h
IMPORTANT: If It (Check only one) 2 MEDICAL EXAMINER: On the basis mination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Physica 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Alla ej AT mund mD 942 1, 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) T. MUNSHI M 110 Hospital Rd. Prince Frederick MD 31. DATE FILED (Month, Day, Year) 32. REMETRARIS SIGNATURE PARTIES

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. N	O.			
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	222 12 2-1	5. SEX 6 1  M 2  F	AGE (In yrs. lest birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH 1 /1/1923		6. BIRTHPLACE ( Country) Maryla	State or Foreign	
	Sa. FACILITY NAME (If not institution, give stre		72	OL OUTH TOU	N OR LOCATION OF DE					
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	Charles Manuel					ME (First, Middle, Maide Fisher	n Sumame)			
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2	Harriett Thornton	Manuel			Frankfor			9945		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O					City or Town, State		
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ł	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE / /	Golden		ANO ADDRESS OF FA					
8	Richard T.	Watso	~	Watso	n Funeral	Home, Mi	llsbo	ro, Del.		
	23. PART t. Entar the diseases, or co shock, or heart fellurs. Li	mplications that ca	used the death. Do n	ot antar tha	moda of dying, auc	h aa cardiac or rea	olratory an		pproximata	
	IMMEDIATE CAUSE (FInal			0				0	national Batween	
Į	disease or condition resulting in death)	Hyper	capheic	Kern	vatory	Failer	re			
		DUE TO (OR	AS A CONSEQUENCE OF	): (J		12 0		A .		
8	Sequentially list conditions,	Cha	nic of	08hu	cture	Valeno	rong	on		
F	If any, leading to immediata cause. Enter UNDERLYING	DOE TO (OR	AS A CONSEQUENCE OF	·):			(			
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEQUENCE OF	);						
CERTIFICATION	resulting in death) LAST							ļ		
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EDICAL	PART II. Other aignificant conditions	contributing to dae	th but not resulting l	n tha underly	ing ceuse given in	Part I, 24s. WAS A PERFO	N AUTOPSY RMEO?	AWAILAB	UTOPSY FINDINGS ILE PRIOR TO	
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Ž	DID TOBACCO USE CONTRI	BUTE TO CAUS				1 🗆 📗				
ᅙ		HOSPITAL:	26. PLACE OF DEAT	H (Check only or OTHER:	ne)					
PHYSICIAN:	1 YES 2 NO	I npetient 2 ER		4 - Nursing H	ome 5 - Residence					
	1 Natural 5 Pending	28e. DATE OF INJU		URY	NJURY AT WORK?	28d. OEŞCRIBE NOW	INJURY OC	CUREO		
B	2 Accident Investigation	28e, PLACE OF IN.	IURY — Al home, lerm, s		YES 2 NO	and Location (Co.				
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9	290. CERTIFIER 1 CERTIFYING PHYSICI	AN. To the best of an a				_				
COMPL	(Check only one) 2 MEDICAL EXAMINER:		nowledge, death occurre							
႘ ူ	29b. SIGNATURE AND TITLE OF CERTIFIER			i, iii tily opinioi	1					
ᇤ	(Tall a	S 1 =			29c. LICENSE NUN	-	29d. DATI	E SIGNED (Month, I	Day, Year)	
ဥ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	E DEATH (ITEM 27) /5	Print)	14600	15	1	4145		
	Mark Granada, M.D.				. Delawar	e	,			
	31. DATE FILEO (Month, Day, Year)				, Delawar		_			
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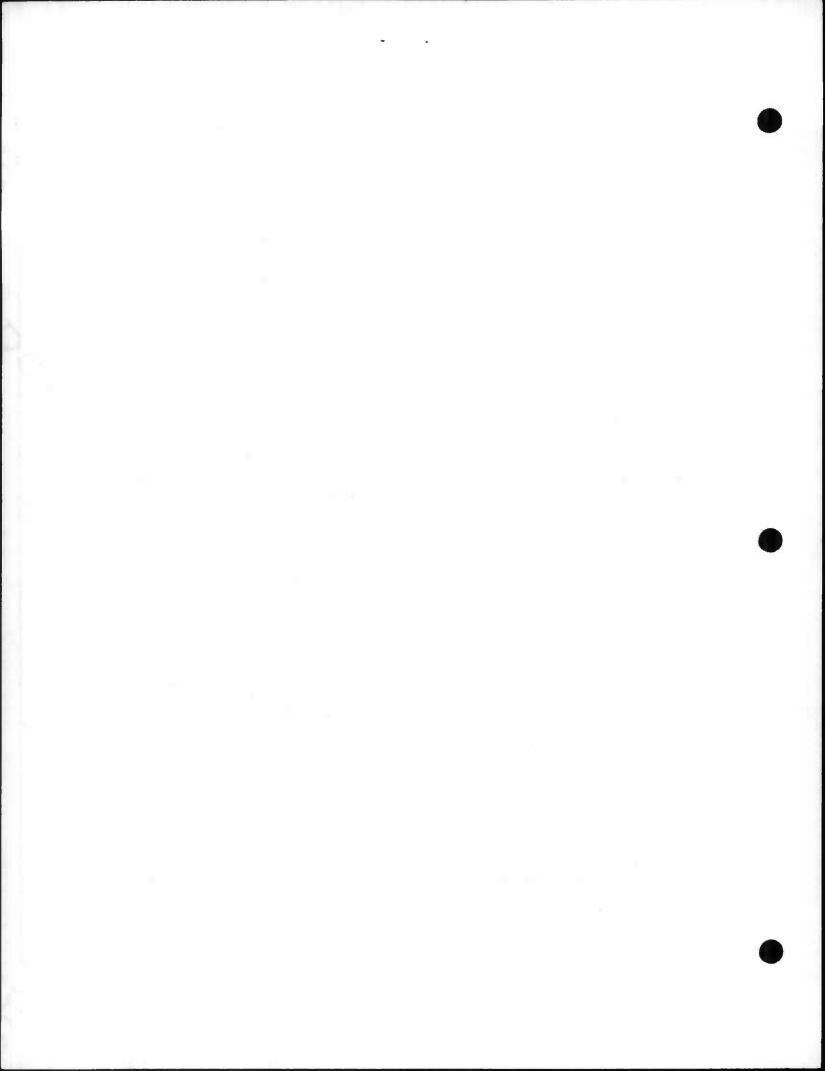
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for us had author 20 pours after death with the State Bank of Headil Haringe and the handle had been compared to a second	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last	*							2. DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH		
	Della LEI		Newma						September		5	11.50 PM M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	,	8. BIRTHPL	ACE (State or Foreign		
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DE	9a. FACILITY NAME (If not institution, give				Y, TOWN C	R LOCATI	ON OF D	EATH	9c. COUR	NTY OF DEAT	ГН			
18	Physicians Memorial	l Hospital		_	La	Plata				Ch:	arles			
DIRECTOR	10a, STATE 10b, COUN			toc. CIT		OR LOCAT					10	d. INSIDE CITY		
_		HARLES			L	A PL	ATA				1	LIMITS?		
FUNERAL	100. STREET AND NUMBER 9922 CHARLES STRE	CT				101	ZIP CODE			N		T COUNTRY?		
N N	11. MARITAL STATUS	T	T EVER IN U.S. AS	1450	10			0646			ITED S			
4	1 Never Married 2 Married	FORCES? 1	YES 2	NO		It yes, spe	city Cuba	n, Mexico	NIC ORtGIN? (Specify Yes	or No-	Black, W	American Indian, Vhite, etc.		
ВУ	3 Widowed 4 Divorced	ur YES, GIVE V	AN ON DATES			1 YES	2 (NO	Speci	ly:		Specify	ITE		
ED.	15. DECEDENT'S ED (Specify only highest grad		16a. DE	ECEDENT'S	USUAL O	CCUPATIO	IN st of workin	10	16b. KIND OF BU					
	Elementary/Secondary (0-12)	College (1-4 or 5	ille	LEPH(	se retired.)			-9	PRINCE		BE'S C	OUNTY		
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		10	LEPH	UNE	UPEK			GOVERNM					
	JAMES LEE MACLIN								ME (First, Middle, Malden					
BE	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORES	S (Street a)			Route Number, City or Tow		Codel			
2	SANDRA L. FARRELL								LA PLATA,			0646		
	20e METHOD OF DISPOSITION  1		20b. PLACE	AND DATE	OF DISPOS	SITION (Na	me ol			CATION —	City or Town,	State		
	2) SIGNATURE OF FUNESIAL SERVICE L	JOENSEE	- INTINI	11 140	22.	NAME AN	D ADDRE	SS OF FA	ть э, <u>дэээ</u>	WAL	.DUKF,	MARYLAND		
	1 11 11 11 1	1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	МОООГО		T	HE HI	UNTT	FUN	ERAL HOME,	INC.				
	MARK G. BROH		M00053	ath Do r	P	.U.BI	UX 1	56,	WALDORF, M	ARYLA	ND 20			
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feliure. List only one cause on each line.  Approximate interval Between													
	iMMEDIATE CAUSE (Final disease or condition	Con	of the	···	16	تسامد	1	Ca	ilure			Onset and Daath		
	reauiting in death)	DUE TO	AS A CONSE	OUENCE O	F):									
z		con	ono	4	an	te	w	12	disio	-				
RTIFICATION	Sequentially list conditiona, if any, leading to immediate		OR AS A CONSE				0							
칠	cause. Entar UNDERLYING CAUSE (Disease or injury	are	eres	20	u	-07	س	_						
∄	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):									
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됩	PART ii. Other algnificant condition	ns contributing to	deeth but not r	resulting	in the ur	nderiying	cause g	lven in	Part I. 24s. WAS AN PERFOR			FRE AUTOPSY FINDINGS AILABLE PRIOR TO		
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M	Chrone rem	at for	eure	. C	prol	usn	rejo	1	they			YES 2 NO		
ä	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	S	NO 🛭	<b>ENC</b>	ERTAI	N					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		E OF DEAT	TH (Check	-								
ΙλS	1 TYES 2 NO 27. MANNER OF DEATH	1 in Inpatient 2			4 🗆 Nur	sing Home		sidence	6 Other (Specify)					
РНУ	1 Natural 5 Pending	26a. DATE OF (Month, Da		28b. TIM INJ	E OF	28c. INJU	RK?	7	26d. DEŞCRIBE HOW II	NJURY OCC	URED			
BY	2 Accident Investigation 3 Suicide & Could get be	26a, PLACE O	F INJURY — At ho	me ferm	etrant fac		ES 2	NO	201 1 00471011 (01-11		. 0 . 10 . 1			
밀	4 Homicide determined	building,	atc. (Specify)	Trop, vantrig	stroot, too	iory, office			281. LOCATION (Street & City or Town, State)	ING NUMBER	or Hurai Houle	Number,		
LET	29a. CERTIFIER	SICIAN: To the heat of	my knowledge de	ath assum	-d -d db - d		or a select			mayo duk				
COMPL	(Check only one) 2 MEDICAL EXAMIN	ER: On the beals of a:	camination and/or i	investigatio	en, in my d	opinion, de	end place, eath occur	end due	to the cause(a) and mar time, date and place, an	mer as state d due to the	id. e ceusalsi sn	d manner as stated		
	296. SIGNATORE AND TITLE OF CERTIFIE						29c. LtCE							
BE	Janelles	rdite	th	m	0				aven	19	14/4	onth, Day, Year)		
요네	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (7me	Print)		D08	5/U_		_//	7/1	)		

Paul E. Pritchett Sr. MD 118 LaGrange Avenue P.O. Box 1317 LaPlata, MD 20646

32. REGISTRAP'S SIGNATURE

31. DATE FILED (Month, Day, Year)
SEP 0 6 1995



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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF CEATH Ethel Louise Yocum Nixon 28,1995 6:45PM August 4. SOCIAL SECURITY NUMBER 175-14-6130 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 75 DAYS 1 - M 2 - F HOURS August 9 Pennsylvania Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7910 Old Alexandria Ferry Road Clinton Prince George's RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Clinton 1 TYES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7910 Old Alexandria Ferry Road 20735 completely filled in by the funeral director, page 5 should be detached for use as the burial-transit U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rical

1 YES 2 NO Specify: 1 Never Merried 2 Wherried BY 3 Wildowed 4 Divorced Specify: Caucasian 16a. DECEOENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William J. Yocum Edith Ridenour M BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles E. Nixon 7910 Old Alexandria Ferry Road Clinton, Md 20735 pe 20b. PLACE AND DATE OF OISPOSITION (Name of Sept. 200. METHOD OF DISPOSITION 2 OATE 20c. LOCATION - City or Town, State t Duriel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) must Trinity Memorial Gardens 1995 Waldorf, Maryland examiner 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. hours after death. 6633 Old Alexandria Ferry Rd Clinton, Md medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest. ahock, or heert fellure. Liet only one ceuse on each line, Interval Between ŏ IMMEDIATE CAUSE (Final **Onset and Death** the executed within 24 disease or condition cremation. Hepato Cellular Carcinoma resulting in death) other traumatic event, OUE TO (OR AS A CONSEQUENCE OF): burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to the attending physician Mental Hygiene prior to if any, leading to immediate the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL DIRECTOR: After this certificate has been signed by thours after death with the State Dept. of Health and Item 28 is marked, or Item 23 shows any in requires that 1 - YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) ATTENDING PHYSICIAN: The HOSPITAL OTHER: 1 YES 2X NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5X Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide S. 29e, CERTIFIER TO THE HOSPITAL OF THE FUNERAL DE FIER WITHIN 72 THE IMPORTANT: If It 2 ___ MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner so stated. 29b. SIGNATURE AND TOP CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE August 29,1995 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frank M. Ryan M.D. 6188 Oxon Hill Road Suite 601 Oxon Hill Md 20745-3113

32. REGISTRAPES SIGNATURE PARCIALL

1 .

68760, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

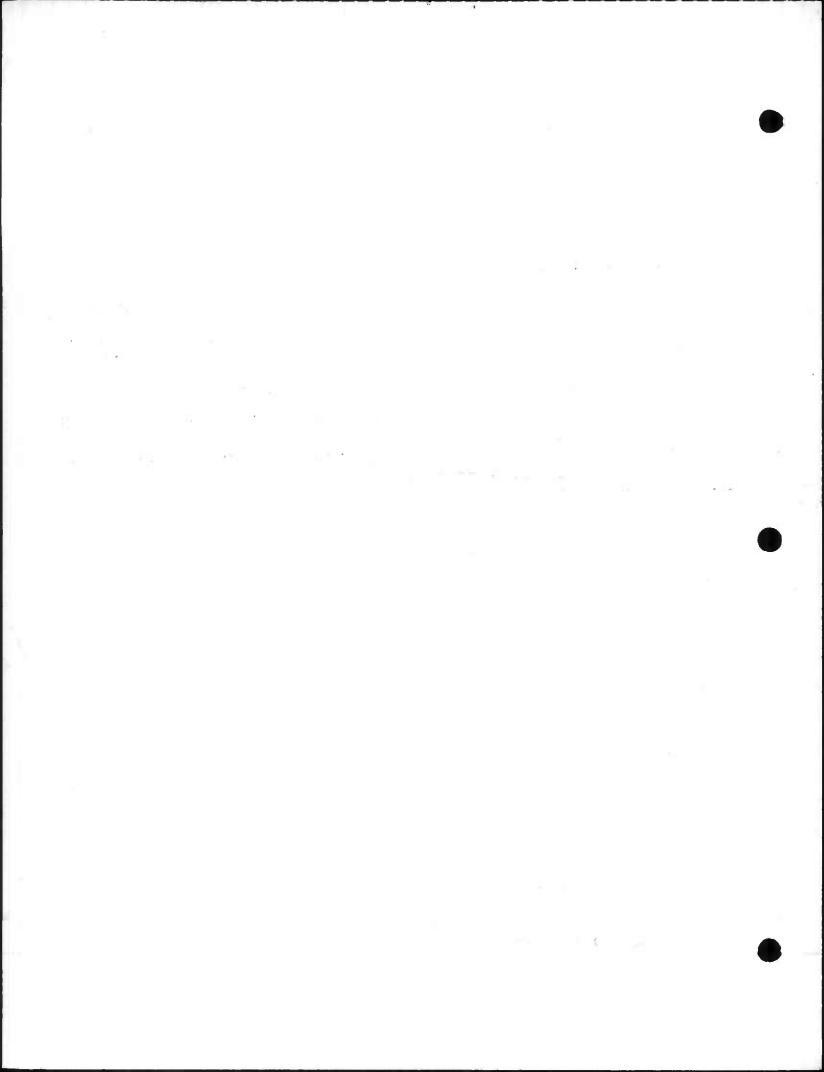
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	REGISTRAR		CE	RTIF	CATE (	F DEATH		REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last	0						OF DEATN			3. TIME OF DEATH
	R	ALPH ELLIS	NEWMAN				MONT		AY	YEAR	1:47 P
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.		G 23 1		a, BIRTH	
	561-32-2018	1 🔀 M 2 🗆 F	66	YRS.	MONTHS DA		(Monti	OF BIRTH	.928	Countr	Marysville
	9a. FACILITY NAME (If not institution, give	street and number)			9h CITY TO	WN OR LOCATION OF D		mber 1		Cal:	lfornia
œ		,	NED				EATH		96. 000	UNIT OF D	EATH
2	NATIONAL NAVAL	MEDICAL CE	ENTER			BETHESDA			M	10NTG	OMERY
8	10a. STATE 10b. COUN	TY		10c. CITY	TOWN OR LE	CATION					10d. INSIDE CITY
8	Virginia Fairi	Eax County									LIMITS?
7	10e. STREET AND NUMBER	.ax county		Alex	andri	101, ZIP CODE			T		1 YES 2XXNO
FUNERAL DIRECTOR											vhat country? America
빌	6458 Eighth Stree					22312	_				tates of
5	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 NO	HED D	13. WAS	DECENDENT OF HISPA , specify Cuban, Mexic	NIC ORIGIN an, Puerto I	f? (Specify Yes	s or No-	14, RACE Black	E — American Indian, c, White, etc.
Β¥	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			YES 2 XNO Speci		,		Speci	
	15. DECEDENT'S ED		Confli		1						ite
11	(Specify only highest grad	de completed)	(G/v	e kind of w	Ork done during	ATION most of working	4	United			
1 1	Elementary/Secondary (0-12)	College (1-4 or 5 +)		Do NOT use							
Σ.		4	Sate	ty &	Heal	h Manager		Forest	_	vice	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					16. MOTNER'S N.					
BE	Ralph E. Newman					Mertle		_		-	
2	19a. INFORMANT'S NAME (Type/Print)					set and Number or Rural					
- 1	Carol Jean Leach	Newman	6	458	Eightl	Street,	Alexa	andria	, Vi	rgini	la 22312
	20a. METNOD OF DISPOSITION		20b. PLACE A	NDDATEO	F DISPOSITION	(Name of	97	E 20c. LO	CATION -	- City or To	wn, State
	1 N Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	mover from State	Sierray	ille	Dist	cict Cemet	9/:	005 51	orra	willa	e, Californi
ĺ	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE #MOO6	90		22. NAM	E AND ADORESS OF F	ACILITY				, varitorni
1	<b>* / / </b>	$\Lambda_{\Lambda}$			Coc	hrane's C	hape.	l of t	he R	oses	
_	Noumand	Mars				Lincoln					CA 22312
	23. PART I. Enter the diseases, or shock, or heart felium	complications that con List only one cause	on each line	th. Do no	ot antar the	moda of dying, su	ch ss cerc	tiac or respi	iratory a	rreat,	Approximate
- 1	shock, or heart feliura. List only one cause on each line.  IMMEDIATE CAUSE (Final  Onset and Dasth										
- 1	disease or condition	COPONA	מידים א עם	ת עמי	TCEACI	7					1
ı	s. CORONARY ARTERY DISEASE  DUE TO (OR AS A CONSEQUENCE OF):										
z											
일	Sequentially list conditions, if any, leading to immediate  OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING	c.									ļ
Ē.	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSECU	JENCE OF	):						
토	resulting in death) LAST	d									
4	PART ii. Other aignificent condition	ins contributing to de	ath but not re	aulting ir	tha under	ying cause given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS
MEDICAL								1 TES 2			COMPLETION OF CAUSE OF DEATN?
							ſ				1 YES 2 NO
<u> </u>	DID TOBACCO USE CON	TRIBUTE TO CAUS	SE OF DEAT	H YES	S $\square$ NO	☐ UNCERTAL	NIX				
₹	25. WAS CASE REFERRED TO MEDICAL				Check only		14 622 1				
잃။	EXAMINER?	HOSPITAL:			OTHER:		101				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJ		28b. TIME		Nome 5 Realdence		r (Specify) CRIBE NOW I	a transport		
	1 Natural 5 Pending	(Month, Day, 1		INJU	IRY	WORK?	200. DES	CHIBE NOW I	NJUHT UC	COHED	
À	2 Accident Investigation		1.01000			YES 2 NO					
	3 Suicide 8 Could not be 4 Nomicide datarmined	28s. PLACE OF IN building, atc.	(Specify)	ie, farm, st	reet, factory,	office		ATION (Street is or Town, State)		or or Rural P	loute Number,
Ē.	- Committee										
COMPLETED	29a. CERTIFIER 1 XCERTIFYING PNY	SICIAN: To the best of my	knowledge, deal	th occurred	d at the time,	data and place, and du	e to the cau	se(s) and mar	nner sa str	ited.	
8		IER: On the basis of exam									) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI					29c. LICENSE NU					(Month, Day, Year)
出	Que The	It Vi	loge/	M	0		-	(74)		A	
요	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	- IX	27) / Time	Print)	MD-0474		(PA)			1 24, 1995
		/		- r j ( lype, l	(dn)	NATIONA				L CEN	ITER
	JOHN H. KELLOGG  31. OATE FILED (Month, Day, Year)			44		BETESDA	MD 2	<u> 10889–</u>	5600		
	AUG 29 1995	S2/REGISTRAR'S		14							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician.

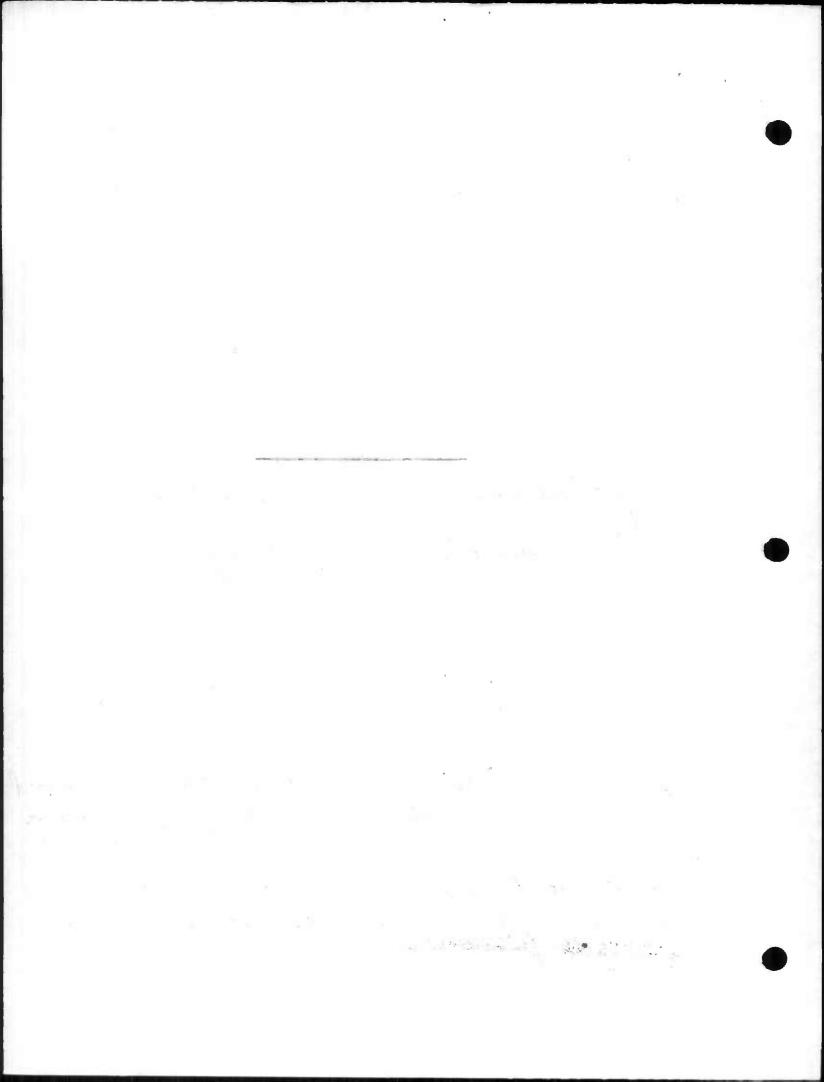
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. 24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			IENTAL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle	( Last)	OLIVIII IC	DATE OF		2. DATE OF DEATH MONTH DA		3. TIME OF DEAT	
BRIAN  4. SOCIAL SECURITY NUMBER	KEITH		NOVES		SEPTRMBE			Pw.
208-56-0256	1 🖾 M 2 🗆 F 28	YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug. 4, 19	67 S	BIRTHPLACE (State or For	ta
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	ontgomery		town or Locat				10d, INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	megomer y	1100		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	NO
142 Briarwo	od Terrace			20853			S.A.	
11. MARITAL STATUS  1 X Never Married 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexicer 2 NO Specify.		or No- 14.	RACE - American Indi Black, White, etc. Specify: White	
15. DECEDENT (Specify only highe:		16a. DECEDENT'S US	SUAL OCCUPATION OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMMENT OF COMME		16b. KIND OF BU	SINESS/INDUST		
Elementary/Secondary (0-12)	2 College (1-4 or 5+)	Forema	retired.)	or or working	Const	ructio	on	
17. FATHER'S NAME (First, Middle, L			-		NE (First, Middle, Melden			
	Novesal, Sr.			-	l J. Spi			
19e. INFORMANT'S NAME (Type/Prin	•				oute Number, City or Tow			
Sheryl J.			-		burg, PA			
20s METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	X Removal from State 20b.1	PLACE AND DATE OF	DISPOSITION (No.	TERY Day	ept 4 20c. LO	llefon	to DA	
21. SIGNATURE OF TINESAL SER		11020 000	22. NAME A	ND ADDRESS OF FAC	HLITY			
• (/V	Varteristan	er 1	J.J.	Hartens	tein Mor			0
22 DADT I Enfor the/disease	es, or complications that caused	the death Da no			-		PA 1734	
	allure. List only one cause on ea	ch line.		in Dr.	mug		Interval E Onset an	etween
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated svents resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		J				
PART II. Other significant co	nditions contributing to death bu	it not resulting in	the underlying	g cause given in	N AUTOPSY 24b. WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION OF C OF DEATH?		CAUSE	
DID TOBACCO USE C	CONTRIBUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIN	<u></u>		1,120 18	
25. WAS CASE REFERRED TO MED EXAMINER?  1 X YES 2 NO		6. PLACE OF DEATH	OTHER:	ne 5 Residence	N Other (Specific)	COX C	DEEK	_
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. JN.		28d. DESCRIBE HOW			
1 Natural 5 Pendir		1900 t			Subject to	Moff	vot and du	erme
2 D Accident Invest	28e PLACE OF INJURY	— Al home, farm, str	reet, factory, offic		281. LOCATION (Street	end Number or	Rural Route Number,	
4 Homicide determ		water			Brown'ste	rding	at Cong lo	red
one)	G PHYSICIAN: To the best of my knowle EXAMINER: On the beets of exemination					Miler (Histo).	Constala la suso(o) and manner oo	of od.
29b. SIGNATURE AND TITLE OF C	ERTIFIER			29c. LICENSE NUN	IBER	29d. DATE S	IGNED (Month, Day, Year,	
Theodie	M. Fry my	O THE OTHER STATE OF	Delast	O.C.M		SEPTE	-1.4	199
1	SON WHO COMPLETE CAUSE OF DEA			eet. Ra	ltimore	Marw	land 212	0.1
31. DATE FILED (Month, Day, Year)	PROUTRAB'S SIGNA	JURE	III DELL	cct, ba	r crmore,	TIGLY.	TOHA ETE	<u> </u>
SED151	Take alteration	artall						

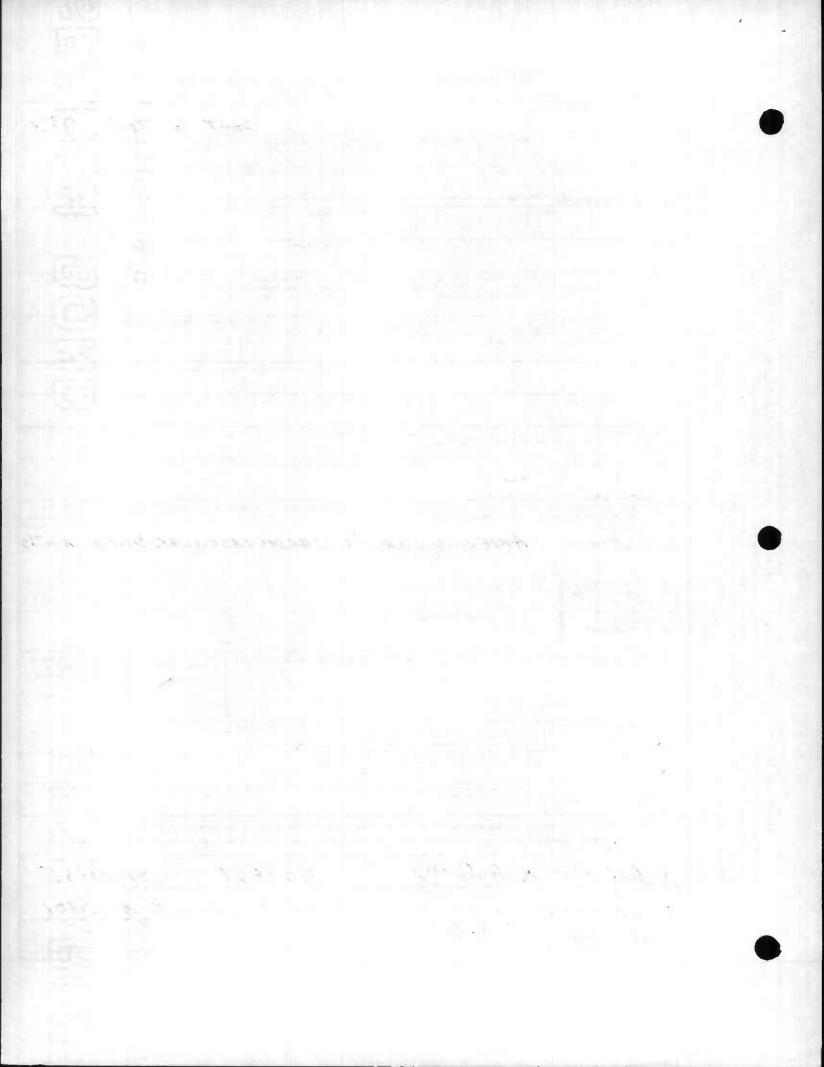


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BALTIMORE, MARYLAND 21215-00	pecuted within 24 hours after death. Page 6 may be retained by the hospital or attending p
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ALT	death.
m	after
	hours
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90	within
68760	pecuted

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF OEATH  Christian Victor Nehls  2. DATE OF OEATH  SEPT G  YEAR  1. TIME OF DEATH  SEPT G  YEAR  1. TIME OF DEATH													
	4. SOCIAL SECURITY NUMBER		6. SEX	8. AGE (In vrs	s. Inst birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF		9	A BIRTH	IPLACE (State or Fo
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D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diaghook, or hee IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if sny, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 D ND 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Im 3 Suicide 8 Ca 4 Homicide	ns, ate G Condition	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE	O (OR AS A COMO death but n	INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSEDUENCE ( INSED	OF):  OF):  OF):  OTHER 4   Nun ME OF JURY M , street, factor	derlyin;  26. PI  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LACE OF DARY AT YES 2	given in	Part I. 2.  Other (S 28d, DESC!  28t, LOCATI City or	Le. WAS APPERFO VES  Specify) HIBE HOW ON (Street	AAUTOPSY RMED? 2 DINO INJURY OC and Number	24b	Apprinter Onse



TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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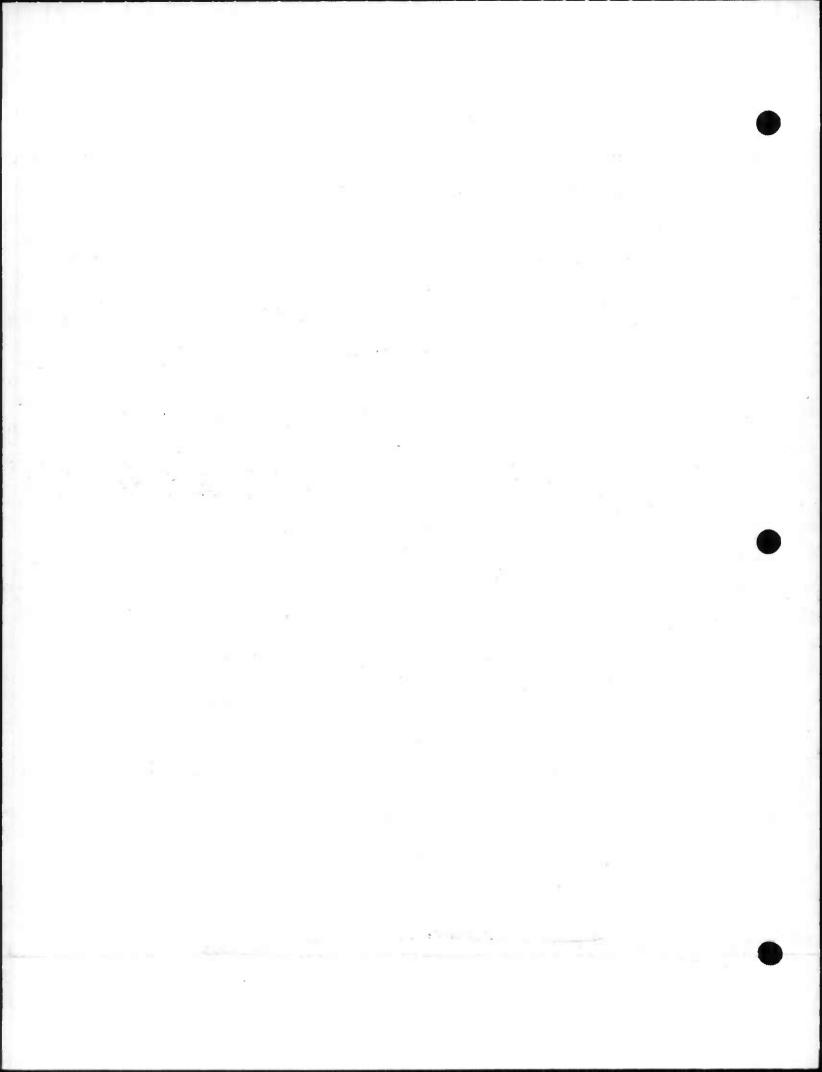
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF	HEALTH A	AND MEN	TAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. D	ATE OF DEATN			. TIME OF DEATH	4
1	HELEN M.	NOIAN				Se	ptember	5.199	EAR 5	5:30	A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yr		F UNDER 1 YEAR		4 HRS. 7. D.	ATE OF BIRTH fonth, Day, Year)	8.		LACE (State or Fore	eign
	たたり一つ「一つエエた		90 YRS.	ONTHS DAY	HOURA		ly 4, 1		* * * * * * * * * * * * * * * * * * * *	laryland	1
~	9e. FACILITY NAME (If not Institution, give stre	eet and number)	9	b. CITY, TOW	OR LOCATION	N OF DEATH		9c. COUNTY			
DIRECTOR	Frostburg Village	e Nursing Home	е	F	ostbur	rg		A.	lleg	any	
EC	10a. STATE 10b. COUNTY			TOWN OR LO	ATION					od, INSIDE CITY	
P. I	Maryland	Allegany	500		Frost	מינור				LIMITS?	40
	100. STREET AND NUMBER	1 mm 0 B 0 m 1,)			101. ZIP CODE	Jung		10g. CITIZE	_	AT COUNTRY?	10
ER.	27 Hill Street	et			2153	32			U.S.	Α.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S. ARMED		ECENDENT OF	HISPANIC OR	IIGIN? (Specify Ye			- American Indian	n,
ВУБ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2			specify Cuban, ES 2 NO		rto Rican, etc.)		Specify:		
	15. DECEDENT'S EDUCA	TION		1						White	
	(Specify only highest grade of	ompleted)	a. DECEDENT'S US (Give kind of wor life, Do NOT use r	k done during	TION most of working		16b. KIND OF BU	SINESS/INDUS	/PIY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		memak	279			Domest	10		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	V	110	THE SHEET		R'S NAME (Fi	rst, Middle, Maiden		1.0		
BE C	Edward	F	Harden			nie			orp		
	19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street	t and Number of	r Rural Route h	Number, City or Tow			_	
2	Maxine N. Blair		42 Su	mmit 1	lace F	rostb	urg, Mai	ryland	215	32	
	20e. METNOD OF DISPOSITION  Burlel 2 Cremetion 3 Remov	cal from State	ACE AND DATE OF	DISPOSITION	Name of		DATE 20c 10	CATION CIN	or Town	State	
	4 Donation 5 Other (Specify)	Fros	y, crematory or other	emoria	l Park	9/7/	95 Fr	ostburg	, Ma	ryland	
	21. SIGNAPORE OF FUNERAL SERVICE LICE	HSEE		22. NAME	AND ADDRESS	OF FACILITY		Funera			
	John 1-x	form		57 E	rost A	venue	Frostb	urg, Ma	ryl	and 215	32
	23. PART I. Enter the diseases, or co	omplications that caused the	e death. Do not	enter the r	node of dying	g, auch aa d	cardiac or rasp	Iratory arrest	1	Approximat	
	IMMEDIATE CAUSE (Final	or only ona cause on each	iine.							Interval Bet Onset and	
	disease or condition resulting in death)	art	hippe	leron	دسا					20 44	u
	THIRD ENGLISH.	DUE TO (OR AS A CO	INSEQUENCE OF):						-	0	
NO	Sequentially list conditions, b.	DUE TO (OR AS A CO	NOTOLICUOT OF							-	
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A COI	NSECUENCE OF):								
임	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):							-	
CERTIFICATION	resulting in death) LAST										
	PART II. Other algnificant conditions	contribution to death but									
CAL	agrinican conditions		not reauting in	tne underly	ng cause giv	ven in Part i	PERFO	MED?	Al	YERE AUTOPSY FIN	0
Ē							1 TYES 2	NO		OMPLETION OF CA F DEATN?	USE
Σ	DID TOBACCO USE CONTRI	BLITE TO CALISE OF F	DEATH VEC		71 111165	DTAIN!	,  '		1	YES 2 NO	0
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH			RTAIN					
Sic		HOSPITAL: 1   Inpatient 2   ER/Outpetier	0	THER:	ome 5 🗆 Resk	d a 🗆 a	Mh 40-1-14.1				
Ä	27. MANNER OF DEATN	28a, DATE OF INJURY	28b. TIME C	F 28c. I	NJURY AT	_	DESCRIBE HOW !	NJURY OCCUR	€D		$\dashv$
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		YORK?	NO					ì
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, stre	et, factory, of	ice		LOCATION (Street		Rural Rou	rte Number,	
I	4 Nomicide determined	and (opposity)				,	City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only	AN: To the best of my knowledge	e, death occurred	at the time, de	te and place, a	nd due to the	cause(s) and mar	nner as stated.			
ĕ O		On the basis of exemination en							ruse(s) a	nd manner ee ste	ted.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	1410	-	-		SE NUMBER				fonth, Day, Year)	
	X	m m)			D	125	32	▶ 9.	- 5	-95	
٩	30. NAME AND ADDRESS OF PERSON WHO										
	Dr. George M. B		ton Driv	ve Cum	berlan	d. Mar	vland 2	1502			
	SEP 0 6 1995	22. REGISTRAR'S SIGNATUR	lall								

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1	-	FOR STATE REGISTR	A
ſ	1. D	ECEDENT'S	N

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		Daniel		Offutt,	Ir.		August 28	1005	10:55 A M
	1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A AIRT	HPLACE (State or Formion
4 1/3		213-44-6339		9 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 22,	1945 Be	thesda, Md.
2. 3 should	DIRECTOR	9a. FACILITY NAME (If not Institution, give s Washington Adver		1	96. CITY, TOWN C	Park	EATH	9c. COUNTY OF	
	ដ្ឋា	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	٧	100 017	TY, TOWN OR LOCAT	FION			
Pages	E		ce George's		ndover	IION			10d. INSIDE CITY LIMITS?
permit.		100. STREET AND NUMBER	e deorge s	Lai					1 X YES 2 NO
· 25	FUNERAL	1602 Ballinger A				20785		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	STATES
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit offfilled at once.	B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	Z A NO	It yes, sp	CENDENT OF HISPAI ecity Cuben, Mexics NO Specific	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc.
1215 r attend use as	8	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	DN set of working	16b. KIND OF BU	ISINESS/INOUSTRY	
D 21 spital or sed for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Constr	se retired.)	si or working	Privat	e	
AND the hospit detached	SOM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
MARYL retained by the should be of	BE	DANIEL OFFUTT Sr.				ALBERT			
	2	19a. INFORMANT'S NAME (Type/Print)  CYNTHIA OFFUTT					Aoute Number, City or Tow Landover		785
BALTIMORE, I after death. Page 6 may be noval. noval. ical examiner must be r		20a. METHOD OF DISPOSITION 1 X urial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			of disposition (Na Differ place)			ndover,	
BALTIMOF and death. Page 6 m the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE LIC	EMSEE O				POPE FUNER		
BA rs after d removal.		23. PART I. Enter the diseases, or	compileations that cause	M85			e., S.E.,		020
760 od with hour ompletely filled is u, cremation, or event, the me		MINOCK, OF HEST TEHLUTE.	s. As ys to Con as a Court for as a	ach line.				matory arrest,	Approximate Interval Batween Onset and Death
8 0 5	CATION	if any leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):	2 ( 3.11	C. 00 4		aday
W 6 6 6	2	CHOSE (Disease of injury	e Metasta		ian Cen			4	MINEWN
O ding	ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	FI: 1	tum	as		
dead dead	CEI							Uv	Monoma
E ST ST ST ST ST ST ST ST ST ST ST ST ST	B	PART II. Other algorificant condition	a contributing to deeth b	out not resulting		Fur L	Part I. 24s. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	MEDI	Hypuko		100		-ur ku	1 TES 2	XXNO	COMPLETION OF CAUSE OF DEATH?
REC requires been sign to of Hea	2	DID TOBACCO USE CONTI	PIRLITE TO CALISE O	E DEATH VI	S I NO I	LINICEDTAI			1 TYES 2 NO
AL law has b Dept.	A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEA		OIACERIAII	10		
OF VITAL PHYSICIAN: The law this certificate has I with the State Dept rked, or Item 23	SICIAN:	EXAMINER?  1 YES 2 XNO	HOSPITAL:		OTHER:	110-00°			
ICIA ICIA	H	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIN			8 Other (Specify) 28d. DESCRIBE HOW I	Maley Coolings	
ON OF ING PHYSIC ther this ce eath with th	ВУ Р	Natural 5 Pending 2 Accident Investigation	N/A		JURY WO	PRY ATN/A	N/A	NJOHY OCCURED	
DIVISION TO THE HOSPITAL OR ATTENDING F TO THE FUNERAL DIRECTOR: After 1 be flied within 72 hours after death IMPORTANT: If 16m 28 is mar	8	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, term,	atreet, lactory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State) N/A		
OR / DIREC	MPLET	29m. CERTIFIER LY CERTIFYING PHYSI	CIAN: To the best of my knowl	ladge death conum	ad at the New date				
TO THE HOSPITAL TO THE FUNERAL SE filed within 72 IMPORTANT: IF	OMF	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of exemination	n end/or Investigation	on, in my opinion, d	eath occured at the	time, date and place, an	mer an stated, nd due to the cause	(a) and manner as stated.
FUN WITH	8	29b. SIGNATURE AND TATLE OF CERTIFIER				29c, LICENSE NUR			D (Month, Day, Year)
THE FINE THE	BE		/.			n 29	172	DAU1	28/1995
F F 2 S	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	ショノ	, / -	1	~0 / ()))
W		Rashid Baghai-N				e, Tako	ma Park, M	ы. 20912	
T)		31. DATE FILED (Month, Day, Yber) SFP 01 1995	32 REGISTRAR'S SIGN	ATURALLA					
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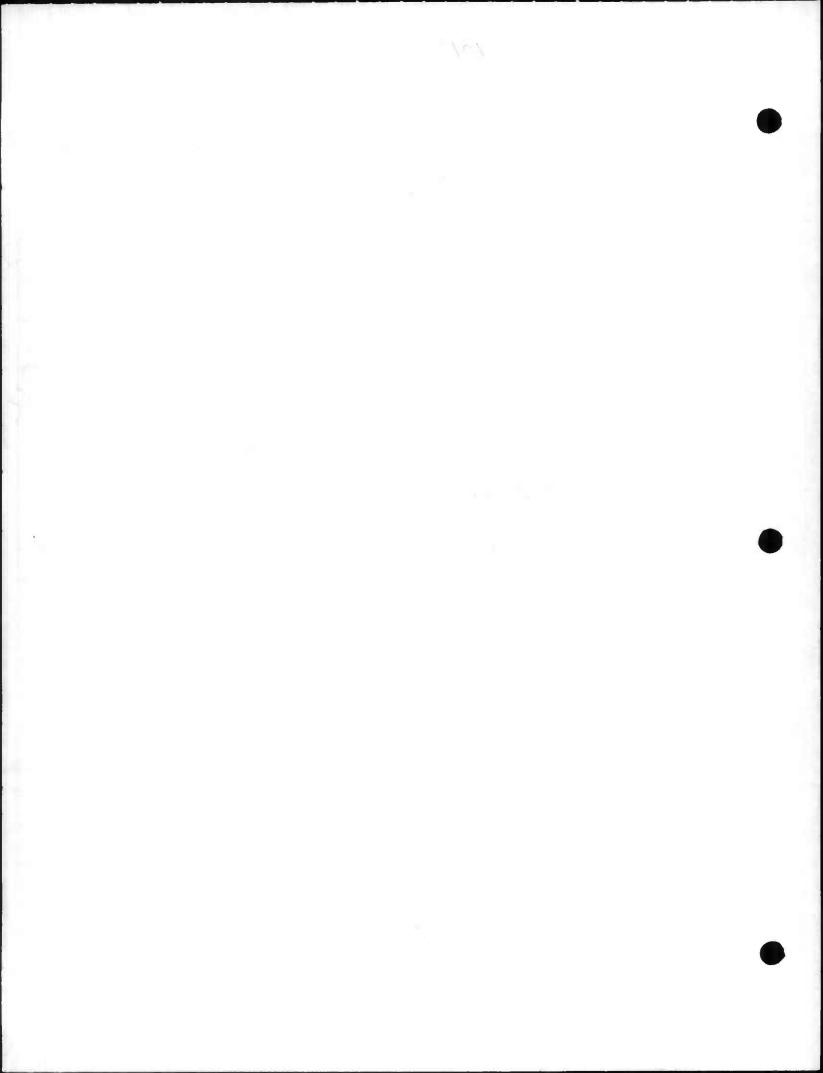
	1 - FOR STATE REGISTRAR			STATE OF				
	1. DECEDENT'S NAME (First,	Middle, L	ast)					
	Helen		S.					
	4. SOCIAL SECURITY NUME		5. SEX					
	212-56-119		1 🗌 M 2 🔀 F					
	98. FACILITY NAME (If not Institution, give street and number) PENINSULA REGIONAL MEDICA							
1	RESIDENCE OF DEC	_						
1	10a. STATE	106. CO						
1	Maryland	Wor	Ce	ester				
	10s. STREET AND NUMBER							
	909 Walnut	St	re	et				
	11. MARITAL STATUS 1 Never Married 2  3 Widowed 4 Divo			12. WAS DECEDE FORCES? IF YES, GIVE				
-	15. DEC (Specify only	EDENT'S y highest g						
	Elementary/Secondary (0		College (1-4 or 5					
	17. FATHER'S NAME (First, M.	iddle, Last,	)					
	Thomas Hen	Sl	ocomb					
-1	19a. INFORMANT'S NAME (T	vpe/Print)						

MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH									3. TIME OF DEATH					
	Helen		S.	S.		PILCHARD			AUGUST 25		1985	1525 W			
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last birthda		IF UNDER 1 YEAR				7. DATE OF BIRTH		8. BIRTNPLACE (State or Foreign			
	212-56-1190		1 🗌 M 2 🔀 F	94	YRS.	MONTHS	DAYS	NYS HOUTIE MIN.		7/13/1901		Virginia			
_	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR			ON OF DE	ATN	9c, COU	Sc. COUNTY OF DEATH			
DIRECTOR	PENINSULA REGIONAL MEDICAL CENTE					S	ALIS	BURY	,		WI	COMI	CO		
EC	10a. STATE	106. COUNTY	i		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY		
E C	Maryland	Worce	ester			Pocomoke City					LIMITS?				
	10a. STREET AND NUMBER							. ZIP COD	Ε	10g, CITIZEN			YHAT COUNTRY?		
FUNERAL	909 Walnut	Stre	eet				2	2185	1			US			
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify Ye	s or No-	14. RACE	- American Indian,		
ВУ	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE V	YES 2 N	Ю			2 NO		, Puerto Ricen, etc.)		Speci	t, While, etc.		
			Transition of the second										Specify: White		
COMPLETED	(Specify only	EDENT'S EDUC highest grade	completed)	(Gi	16a. DECEDENT'S USUAL OC (Give kind of work done d			ON st of workin	g	16b. KIND OF BU	SINESS/IN	DUSTRY			
7	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Housewife					-					
MO	17. FATHER'S NAME (First, M.	icidia, Last)		1	nousewil			18 MOTE	NED'O NAS	AE (First, Middle, Meiden	O		-		
	Thomas Hen	rv Sl	ocomb							garet Jo		n			
) BE	19a. INFORMANT'S NAME (7)			196	. MAILING	ADDRES	3 (Street a			oute Number, City or Tov					
5	Mary Lee I	eiste	er							comoke C			21851		
	20a METNOD OF DISPOSITI	ION	oval from State	20b. PLACE A	NDDATE	OF DISPOS	ITION /No	me of		DATE 200 LC	CATION -	City or To	wn State		
	4 Donation 5 Other	(Specify)		Pitts C	reek I	resp	teri	an Cer	netery	8/28 Pooc	/28 Poconoke City, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Melson Funeral Home PO BOX 64, Pocomoke City, Marylan														
								and 21851							
	23. PART I. Enler the di	seases, or c	compilcations the	t caused the de	eth. Do n	ot enter	the mo	de of dyl	ng, such	as cardiac or resp	Iratory an	rest,	Approximats		
- 8	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final														
	disease or condition resulting in death)  a. EXACERISATION COPD TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TRANSPORTED TO TR										teagys				
1			DUE TO	(OR AS A CONSEC	UENCE OF	F):									
ON	Sequentially list conditions,														
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING														
띮	CAUSE (Disease or Inju- that initiated events	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
F	resulting in deeth) LAST														
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
EDICAL	Cont	2571	p 19	A COT	sulting in the underlying cause given in F			Part I. 24m. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
	- Con-201106 barred					Holane				1 YES :	NO		OF DEATH?		
Σ	DID TORACCO LIS	SE CONTE	DIRLITE TO CA	LICE OF DEAT	TU VE	c T	10 F	LINIC	CDTA IN				1 TES 2 NO		
¥	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 125. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
SIC	EXAMINER?		HOSPITAL:		T	OTHER	₹:	6 D D-	aldeman d	Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH		26s. DATE OF	INJURY	28b. TIME	E OF	28c. INJU	JRY AT		28d. DESCRIBE NOW I	NJURY OC	CURED			
ВУ Р		Pending nvestigation	(Month, D	ay, Year)	INJ	URY M	I NO	RK? ES 2	NO						
_	3 Suicide 8	Could not be	28a. PLACE O	F INJURY At hor	ne, ferm, s	treet, fact	ory, office			28f. LOCATION (Street	and Number	or Rural R	oute Number,		
	4 Nomicide detarmined building, atc. (Specify)														
P	29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.														
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.														
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)														
10 B	mo mo 03983 > 8/26/98										26/98				
-	30. NAME AND ADDRESS OF	1			27) (Type,	Print)	0	· of	4	0-		_			
12	31. DATE FILED (Month, Day, )	, ,	-	40	110	4	Ker	sel	Low	op Op	ue,	245	isono		
1	SEP 05			R'S SIGNATURE						1.71		20	801		
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BALTIMORE, MARYLAND 21215	1. OR ATTENDING PHYSICIAN. The law requires that the death confiltrate be executed within 24 hours after death. Page 6 may be intained by the hospital or attends	DRECOR After this certificate has been stored by the attending obtaining and comparison Blad to be the honerst develop own 4, should be determined to see
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	1. DECEDENT'S NAME (FIRST ARRIVE LAND)		CERTIFICA		DEATH	2. DATE OF	REG. NO.			
	DAYCE	m -	7	١	Den	MONTH	DAY 20	YEAR 95	1. TIME OF DEATH	
BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 221-38-5392	1□M2∏F 42	VZHS MONT	HOER I YEAR	IF UNDER 24 HIS. HOURS MIN.	7. DATE OF	-	_	PLACE (State or Foreign	
	WASHINGTON HOSPI  BESIDENCE OF DECEDENT				OR LOCATION OF DE		RK.	TGOME		
	DC 100. COUNTY		WASH	INGTON					10d. INSIDE CITY LIMITS? 11© YES 2 NO	
		2417 GOOD HOPE ROAD, S.E.					10g, Cr	HAT COUNTRY?		
	1   Never Married 2   Married 3   Wildowed 4   Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	V NO	If yes, ap	EMDENT OF HISPAN Hecity Cuben, Mexica i 2 M NO Specify	n, Puerto Ric		- American Indian, c, White, etc.		
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		Give kind of work di the Do NOT use rate DOMESTIC	one during mo ed.)	not of working	1000000	IND OF BUSINESS/B			
	17. PATHER'S HAME (First, Middle, Last) ARTHUR RAY				ANNA L	ME (First, Mic	SELF-EMPLOYED  (First, Mitsin, Makison Surmanne)  ASTON			
2	THE INFORMANT'S NAME (Typestyles)  DOMETRIUS PLOWDER  1985. MAILING ADDRESS (Street and Number of Runw Route Author City or Stave, State, Zip Code)  2417 GOOD HOPE RD., S.E., WASH., DC 20020									
	204 METHOD OF DISPOSITION 1 (ABurla) = Cremation 2   Remo 4   Dopation 3   Other (Specify) 21. 2020ACDGD OF FUNERAL SERVICE LIC	rvat from State cemeter	ARMONY TO	ece/	09	/02/9	LANDOVI	ER, M		
: MEDICAL CERTIFICATION	23. BART 1. Enter the diseases, or shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	line.	•					Approximate interval Between Onset and Dear	
	disease or condition resulting in death)  8.									
				the underlying cause given in Part I.			L 24e. WAS AN AUTOPSY PERFORMED?		24b. WE'RE AUTOPSY PHIOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATIN	
4	PART II. Other significant conditions	contributing to death but n	ot resulting in the	underlying	g cause given in	SASSING IN	PERFORMED?		COMPLETION OF CAUSE OF DEATH?	
MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EATH YES D	NO [		_   '	PERFORMED?		COMPLETION OF CAUSE	
MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? DR-YES 2 - NO 27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2 PROJUSTIVE   206. DATE OF INJUSTY	PLACE OF DEATH (C)	NO Cack only one) HER: Numbing Hom	UNCERTAIN  B 5 G Residence UNY AT	S Cother (5		OCUMED	COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY DE-YES 2 NO  27. MANNER OF DEATH   Natural 5   Pending   Accident Investigation	HOSPITAL:   Impetient 2 PROUMPHIENT   Words of HAUPY   Monda 4 9	PLACE OF DEATH (C)	NO Cack only one) HER: Nursing Hom WO 1 1	UNCERTAIN  Be 5   Residence  UNITY AT  HICH  VES THEN	s Other of	PHONE INJURY OF	0	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY TO TES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident S Could not be determined	HBUTE TO CAUSE OF D  26, P  HOSPITAL: Dipetient 2 PROutpetien  200. DATE OF BIJLINY (MONTA Day New)  Manda 7 9  200. PLACE OF INJUNY — A Building, etc. (Specify)	PEATH YES DARKED OF DEATH (ON A 1) DOA 4 10 10 10 10 10 10 10 10 10 10 10 10 10	NO Esc. only one) HEP: Nursing Hom WO 1 1 1	UNCERTAIN  S Tesidence UNITY AT  HIGH	28f. Location City or 24 2	ON (Street and Numbi fown, State)	Ca Burks	COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINERY?  DEVES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC (Check only one)	HOSPITAL:  280. DATE OF BIJURY  (MONTH, Day, Hear)  280. PLACE OF BIJURY — A  Building, etc.; (Specify)	EATH YES DARK OF DEATH (On 19 DAK)  290. Time Of INAIRIY  1 home, tarm, street, death occurred at the	NO Esch only one)  HEFE:  Nursing Hom  Jisc. Bul  To Tactory, office	UNCERTAIN  S Residence  WHY AT  WES TONO  and place, and due  eath occured at the	28f. LOCATI City or 2 H 20 to the cause	ON (Street and Numbicovn, State)  (a) and manner as still diplace, and due to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	er or Runal A	COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO  OUTO Number  A U.C. S. E.	
ETED BY PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  TO YES 2 NO  27. MANNER OF DEATH    Natural 5 Pending Investigation 2 Accident 6 Could not be determined  28s. CERTIFIER (Check only)	HOSPITAL:    Impettent 2 PROUtpettent 2 PROUtpettent 2 PLACE OF INJURY (Morth) Day, May)    26e. DATE OF INJURY	EATH YES L LACE OF DEATH (Ch 29th TIME OF HAJANY 1 home, tarm, street, 1, death occurred at the	NO Esch only one)  HEFE:  Nursing Hom  Jisc. Bul  To Tactory, office	UNCERTAIN  S Residence UNITY AT HIGH.  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TOTAL  THE TO	28f. LOCATI City or 2 H 20 to the cause	ON (Street and Numbicovn, State)  (a) and manner as still diplace, and due to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	er or Runal A	AUC SE	



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020	hours after death. Page 6 may be retained by the hospital or attending physician.	od in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should or removal.
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BALIIMORE, MARYL	hours after death. Page 6 may be retained by	Ad in by the funeral director, page 5 should be	, or removal.	medical examiner must be notified at
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with with yours after death. Page 6 may be retained by the	IN THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 5 should be	Fire flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. creman or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

Eton, M.D.

30 1995

31. DATE FILED (Month, Day, Year)

0.

										*	95	2	8252	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMEN	T OF H	IEALTH DEAT	AND I	MENT	AL HYGIEN	_			
1	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE MONT										3. TIME OF DEATH			
3	Ann Les	an Peters	ers						Aug	gust 25	. 199	5	5:00 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	The fire from the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the			UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			8. BIRTH	PLACE (State or Foreign	
	555-58-5439	1 🗆 M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	MM.	July 6, 1913			Country	wa owa	
1	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN C	OR LOCATE	ON OF DE				NTY OF DE		
TOR	311 Ferndale Pla	ace		Oxon Hill							Prin	ice G	George's	
DIRECTOR	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland Pri	nce Georg	ge's		0x	on H	i11						1 TES 2 NO	
🕺									ZEN OF W	VHAT COUNTRY?				
FUNERAL	311 Ferndale Pla				20745						USA	1		
	11. MARITAL STATUS	12. WAS DECEOEN	2. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 V NO IF YES, GIVE WAR OR DATES			13. WAS OECENDENT OF HISPAI If yes, specify Cuban, Mexics					or No-	14. RACE	- American Indian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V				1 YES	2XXNO	Specify	n, Puen /:	Priceri, etc.)	İ	Black, White, etc.  Specify:		
													White	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade		(G	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIND OF BUSINESS/IND					
"	Elementary/Secondary (0-12)		College (1-4 or 5+) life. Do NOT use n			·						High School and		
₹		2years	s Teacher						Elementary School				1	
8	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	HER'S NA	ME (First	, Middle, Malden	Sumame)	lumame)		
BE	Howard P	. Lesan							ra Bowles					
2	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
-	Bernard Peters 311 Ferndale Place Oxon Hill, Maryland 20745													
	20s. METHOD OF DISPOSITION 20b PLACE AND DATE OF DISPOSITION (Name of													
	Arlington Nat'1. Cem. 8-31-95 Arlington, Virginia													
1 1	22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home													
1 1								xon Hill Rd. Oxon Hill, Md. 20745						
$\vdash$	23. PART I. Enter the diseases, or o	complications the	t caused the de	eath. Do i									Approximata	
1 ]	shock, or heert failure. List only one cause on each line.													
1 1	IMMEDIATE CAUSE (Final disease or condition									Onest and Death				
	* Squamous Carcinoma of the Lung  Due to (or as a consequence of):  9 mc									9 months				
$ $	DUE TO (OH AS A CONSEQUENCE OF):													
ERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSE	OUENCE O	n.									
AT	if any, leading to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or Injury that Initiated events	cDUE TO	(OR AS A CONSE	OUENCE O	<b>ት</b> :									
E	resulting in death) LAST		. 201		,									
B	d													
甘	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS													
MEDICAL										1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									_	1 1 1 1 2	AANO		OF DEATH?	
	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	TH YE	S D	NO I	LINC	ERTAIN	<u>, П</u>				1 YES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL	NIBOTE TO CA		CE OF DEA	-44		OITC	LKIAII	<u> </u>					
SICIAN:	EXAMINER?	HOSPITAL:			OTHE	R:	_V	-575-0	EL 9	3 7				
PHYS	27. MANNER OF DEATH	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s												
	1 X X Natural 5 Pending	(Month, D	my, Ybar)		URY	WO	RK7		286. DI	EŞCRIBE HOW II	NJURY OCC	URED		
B	2 Accident Investigation	28a PLACE O	F INJURY — At ho	and from	*****		'ES 2 [	J NO						
品	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	ине, такти, г	street, rac	nory, omes	1			CATION (Street a y or Town, State)	ind Number	or Rural Ro	oute Number,	
<u> </u>	29e. CERTIFIER					-			_				-	
COMPL	(Check only 1 X CERTIFYING PHYSI	CIAN: To the best of												
8	2 MEDICAL EXAMINE	R: On the besis of e	camination and/or	Investigatio	n, in my	opinion, de	eath occur	ed at the	time, da	te end place, an	d due to the	e cause(s)	and manner es stated.	
ш	296. STENATURE AND TITLE OF CENTIFIER	2-20		~,,			29c. LICE	NSE NUN	BER	**	29d. DATE	SIGNED	(Month, Day, Year)	
0 8	Clon M/	JUR	UGAT	-UIC			TX	6-	14	03	► Au	August 28, 1995		
	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CALL						_	<u></u>			9		

89th Medical Group Malcolm Grow USAF Medical Ctr. Andrews AFB, Md.

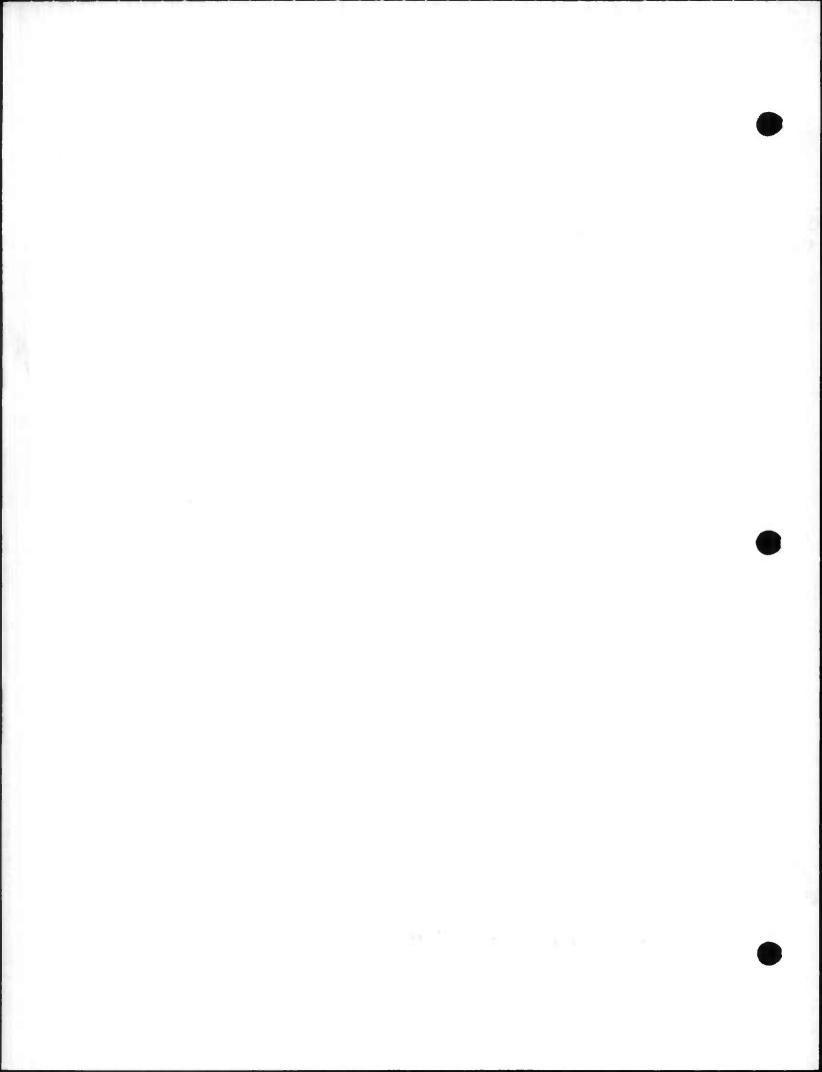
DHMH-16 Rev 1/89

tal or attending physician. for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with mer, hours after death. Page 6 may be retained by the hospit

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN	Ε			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAI	3. TIME OF DEATH		
	KENNETH ANDRE					AUG. 25		12:20PM M		
			yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BH	RTNPLACE (State or Foreign untry)		
	579 88 3963 1  9a. FACILITY NAME (If not institution, give stree	M 2 F	29 YRS.			DEC 8 19		ASH.D.C.		
Œ	5604 LUNDY DRI				R LOCATION OF DE	ATH	9c. COUNTY O			
DIRECTOR	RESIDENCE OF DECEDENT	VE		LANHA			P	PG .		
IRE	10a. STATE 10b. COUNTY	Da	10c. CITY	T A NITT A N				10d. INSIDE CITY		
	10a. STREET AND NUMBER	PG		LANHAM	ZIP CODE			XX YES 2 NO		
FUNERAL	5604 LUNDY DRI	VE		101.	20706		USA	F WHAT COUNTRY?		
Š	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			13. WAS DEC		IC ORIGIN? (Specify Yee	o or No. 14. RACE — American Indian.			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	2 NO TES	If yes, spi	2 NO Specify	n, Puerto Rican, atc.)	tc.) Black, White, etc.  Specify:				
							BI	LACK		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	(Give kind of w #e. Do NOT use	ork done during mos	N st of working	16b. KIND OF BUS	INESS/INDUSTRY	Υ		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)		M ASST		PVT				
ŏ	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAI	ME (First, Middle, Meiden :	Surname)			
BE	KENNETH W. POL	STON			BARBA	RA STROT	HER			
0	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Town				
	WARREN R. STRO					WASH. D.				
	1 Donation 5 Other (Specify)	of from State   came	PLACE AND DATE O	ner nlacel			CATION — City or			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE .	INCOLN		D ADDRESS OF FAC	0/95 SU	TTLANI	), MD.		
	120.L	Jat 1	) .			H. INC.				
-	23. PART I. Enter the diseasea, or con	nolicetions that caused	the death. Do n	343	5 14th	ST. N.W	2001			
	ahock, or heart fallure. Lie IMMEDIATE CAUSE (Final	t only one cause on as	ch line.	or order the mor	se or dying, suci	r as certised or reepii	atory arrest,	Approximate interval Between		
	disease or condition resulting in death)	Res	pitons	tailu				Onset and Death		
	readiting in death) / a	DUE TO (OR AS A	ONSEQUENCE OF	):	. 1			3409		
N	Sequentially flet conditions, If any, leading to immediate  DETO (OR AS A CONSEQUENCE OF):									
CERTIFICATION										
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	<u> </u>	iune b	inung	syndron	re sycars.		
H	resulting in death) LAST					0				
	PART II. Other significant conditions of	contributing to death hu	t not resulting is	the underlying	ceuse alven in l	Part I. 24e. WAS AN	umaney I.			
CAL		ontributing to death bu	t not resulting in	i the undariying	cause given in i	PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ED						1 🗆 YES 2	St NO	OF DEATH?		
2	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF	DEATH YES	S 🗆 NO 🗔	UNCERTAIN			1 TES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	2	6. PLACE OF DEAT		01102111111					
SIC		OSPITAL:		OTHER: 4 Nursing Home	5 Desidence	8 Other (Specify)				
F	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME			28d. DESCRIBE HOW IN	JURY OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif)	<ul><li>At home, term, st</li><li>y)</li></ul>	reet, factory, office		28t. LOCATION (Street of City or Town, State)	nd Number or Fluri	al Ploute Number,		
E I	an opposition									
COMPLETED	(Check only one)  1 CERTIFYING PNYSICIA  MEDICAL EXAMINER: (	N: To the best of my knowle								
	296. SIGNATURE AND TITLE OF CERTIFIER		- Indian investigation	, in my opinion, di						
R	Para niku - 171119 pc   1917   1917									
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT			1 1 1		013	1110		
	Princy Kuma	3800	Res	ervoir	Ro. N	s.w. 11	Jash T	)C. 2007		
	31. DATE FILED (Month, Day, Year)	JEGISTEAR'S SIGNAT	Red I				C	- BUNDI		
	SEP 1 1995	0								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 mount or property or property or the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the princ
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	FOR		STATE OF I	MARVI	AND /	DEPAR	TMENT	UE I	JEAITU	AND	MEN	TAL HYGIEN		/ E	. 0 . 0 4
	1 - STATE REGISTRAR		OINIE OI I	VIPALL L			ICATE				MICH	REG. NO.	_		
	1. DECEDENT'S NAME (First	Middle, Last)					-					ATE OF DEATH			3. TIME OF DEATH
	Thelma	Pa	tterson								_	orust 24.		YEAR	10-12 A M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (	'In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7.04	TE OF BURTH			10:13 A. M
	579-26-809	7	1   M 2   F		72	YRS.	MONTHS	DAY8	HOURS	MIN.	(M	ay 3, 19	23	Count	y)
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)				9h CITY	TOWN (	OR LOCATI	IDN OF D		ay 5, 15		NTY OF D	th Carolina
Œ	9604 Shutt														
16	RESIDENCE OF DEC		IL, IV.				U	opei	Mar	Tpoi	<u></u>		_Pri	nce	George's
DIRECTOR	10a. STATE	10b. COUNTY	1			10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
ā	New York	С	ueens			So	uth (	Ozor	ne Pa	ark					LIMITS?
A A	10e. STREET AND NUMBER								. ZIP COD				10g. CITIZEN DF WHAT COUNTRY?		
FUNERAL	116-14 140	th Str	eet		11436					United			States		
N	11. MARITAL STATUS	· · · ·	12. WAS DECEDEN	T EVER IN	VER IN U.S. ARMEO 13. WAS DECENOENT OF HISPANIC						NC ORIGIN? (Specify Yee or No- 14. RA			- American Indian.	
	E VES ONE				YES     2√NO       If yes, specify Cuban, Mexican, 1       1 □ YES     2√NO       Specify:					rto Rican, atc.)		Spec	k, White, etc.		
ВУ	3 ☑ Widowed 4 □ Divorced						1		20		•				Black
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working														
9	Elementary/Secondary (0-12) College (1-4 or 5 +) Ille. Do NOT use retired.)														
S A	10th Seamstress Self-Employed														
COMPLET	17. FATHER'S NAME (First, M	,							18. MOT	NER'S NA	ME (Fir	st, Middle, Maiden	Sumame)		
BE	Donald N									Mari	e J	ohnson			
10	19a. INFORMANT'S NAME (7											lumber, City or Town			20772
	Willie F.	Briggs	s, Jr.		9	604 5	Shutt	:le	Ct.,	N.;	Up	per Mar.	lbon	o, Ma	aryland
	20a. METNOO OF DISPOSITI		oval from State	20b	PLACE	MDDATE	SE DISPOSI	TION (NA	ame of		-	ATE 200 LOG	MOLTA	City or To	wa State
	1 & Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Calverton National Cemetery 8/29/95 Calverton, N.Y.														
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1.			22. N	NAME A	NO ADDRE	SS OF FA	OF FACILITY VERAL HOME				
CAG	1 John	1.	Tours	1	777								T.T.	.1.1	
	23. PART I. Enter the di	sesses, or c	omplications the	t caused	the de	sth. Do r	not enter	the mo	de of dy	Ing. suc	h ss c	endlac or respi	atory sr	SNINC	Approximate
	shock, or heart failure. List only one ceuse on sach line.  IMMEDIATE CAUSE (Fine)  Onset and Death														
	disesse or condition	101	Antonon	Men	tio.	aur	her	11	idi	317	110	had des	160	1	Oliset and Osatil
1	resulting (n death)	V	OUE TO	(OR AS A	CONSEC	DUENCE OF	P:		- Lee V	110	200	wi av-			
							•								
힏	Sequentially list conditi		OUE TO	(OR AS A	CONSEC	DUENCE OF	F):								
<b>3</b>   <b>3</b>	oue to (or as a consequence of): (f sny, leading to immediate csuse. Enter UNDERLYING														
Ē	CAUSE (Disease or Inju that initiated events	ry	DUE TO	(OR AS A	CONSEC	DUENCE DI	F):								
CERTIFICATION	resulting in deeth) LAS	т (	d.												
Ö	PAST (I Other clostffee	-1		4 44 1											
MEDICAL	PART (i. Other significe	nt condition	s contributing to	deeth D	ut not r	esulting	in the und	deriyin	g ceuse	given in	Part i	. 24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ŏ												1 _ YES 2	XNO		OF DEATH?
Σ															1 TES 2 NO
PHYSICIAN:	DID TOBACCO U		RIBUTE TO CA						] UNC	ERTAII	N $\square$				
등	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		26. PLAC	E DF DEAT	N (Check o								
YSI	1 № YES 2 NO		1   Inpatient 2		atlent 3	□ DOA	4 🗆 Nursi	ing Hom		esidence	8 🗆 0	ther (Specify)			
티표	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY lay, Year)		28b. TIM INJ	E OF URY	28c. INJ WO	URY AT		28d. l	DESCRIBE NOW IN	JURY OC	CURED	
Æ		Pending Investigation					M	1 🗆 '		ND					
		Could not be	25e. PLACE C building,	F INJURY atc. (Spec	— At hou	me, farm, s	Areet, facto	ry, offic			28f. L	OCATION (Street a	nd Numbe	or Rural F	Route Number,
	4   Nomicide	determined													
2	29a. CERTIFIER (Check only 1 CERT	IFYING PNYSI	CIAN: To the best of	my knowl	ledge, de	eth occum	ed at the tir	ne, deta	and place	, and dua	10 1he	cause(a) and man	ner sa ste	ted.	
COMPLETED															) end manner as stated.
	296. JUDNATURE AND TITLE		0							ENSE NUI		1			(Month, Day, Year)
BE	Hugusto	YIM	rouge	wel	W	1				1230			Acco	est o	5 1995
일	30. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CAU	SE OF DE	ATH (ITER	## (Type,	Print)	_	DZ	1230	,		11	W d	1//0
	Augusto P.							Con	rt.	Camr	Sr	orings,	Marry	land	20748
	31. DATE FILED (Month, Day.		32. REGISTRA	R'S SIGN	ATURE .	72.00	J (144.4.1	~~		-uit	~ \rac{1}{2}		J		20, 10
	SEP (	I 1998	Jelin	Owel	write	what									

Augusto P. Rodriguez / 31. DATE FILED (Month, Day, Year) 32. REAL

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BALTIMORE, MARYLAND	etained by the
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LIMO	hours after death. Page 6 ma
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×	8
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Ξ.	tifica
Ö	93
S, P	that the death certificate be executed w
	the
OR	that
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_	34
IA	E S
5	AN:
OF	PHYSICI
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TENDING PHYSICIAL
>	-

21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. If hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

OWIN R FO.

31. DATE FILEO (MONTH). DATE SEP 01 1995

Fowler

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									100	
	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEA			HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	_				2. DATE OF UGUS		, 19 <b>9</b>		TIME OF DEATH
	MARY	Т.		ATTERSO	ON A					2:01 Am
	4. SOCIAL SECURITY NUMBER		140		UNDER 24 HRS.	7. DATE OF (Month, E		8. [	BIRTHPLAC Country)	CE (State or Foreign
	214 39 8181	1 M 2 X F	2 YRS.			June	28, 1	993 Wa	shin	gton, D.C.
	Se. FACILITY NAME (If not institution, give st	lreet and number)	98	. CITY, TOWN OR L	OCATION OF DE	ATH		9c. COUNTY	OF DEATH	
DIRECTOR	MEMORIAL HOSPI	TAL MEDICA	AL CENTER	CUMBI	ERLAND	)		ALL	EGAN	1Y
RE	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION					10d	LINSIDE CITY
		Calvert	Nort	h Beach						YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f, ZIP	CODE			10g. CITIZEN	OF WHAT	COUNTRY?
崱	3706 8th Street	-			20714	_		US	SA	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER I		2 NO If yes, specify Cuban, Mexican, Puerto R					RACE - / Black, Wh	American Indian, nite, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:							Specify: White			
COMPLETED	15. OECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPATION	unding	16b. K	IND OF BUS	INESS/INDUST	TRY	
ᇤ	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)  Elementary/Secondary (0-12) College (1-4 or 5 +)									
릴	0		Non	e			1	lone		
Ö	17. FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NAM	ME (First, Mic	idle, Maiden	Surname)		
ш	Tom Pattersor	1			Kimberl	Ly B1	lake			
10 B	19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and A			,	,		
-	Tom Patterson			h Street		7				
Ì	20a. METHOD OF DISPOSITION  11 Buriel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) Fort Lincoln Cemetery 8-22-95 Brentwood, Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LIC		FOIL LINCO	22. NAME AND A	DORESS OF FAC	CILITY				yrand
	Dalut C.	5 · ^		Robert						
	▶ Robert E.	Warro; f	1000	16000 A						and
	23. PART I. Enter the disesses, or of ahock, or heart fellure.	complications that cause List only one cause on a		enter the mode	of dying, auch	h aa cerdia	c or respi	ratory arrest	,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	= 4 - 4								Onset and Death
disease or condition a. Multiple Injuries										
		OUE TO (OR AS	A CONSEQUENCE OF):	/						
2	Sequentially list conditions,	b.								
F	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS	A CONSEGUENCE OF):							
일	CAUSE (Disease or Injury	C. DUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICATION	that initieted events resulting in death) LAST		,						Ì	
E		d								
A.	PART II. Other significant condition	e contributing to death	but not resulting in	the underlying co	euse given in	Part I. 2	4a. WAS AN PERFOR			RE AUTOPSY FINDINGS
0							PYES 2		CO	MPLETION OF CAUSE DEATH?
							_			YES 2 NO
PHYSICIAN: MEDICAL	DID TOBACCO USE CONT	RIBUTE TO CAUSE (	OF DEATH YES	□ NO ☑	UNCERTAIN	V 🗆			,	
IA	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only one)						
Sic	EXAMINER?	HOSPITAL:		THER:  Nursing Home	Residence	6 Other	Specify)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME C	OF 28c. INJURY	AT			NJURY OCCUR	ED	
	1 Netural 5 Pending	B-19-6				Passo	inger	Aut	0 /	lubo cellise
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, stc. (Spi	IY — At home, farm, atre	et, factory, office		28f. LOCAT	TON (Street e	and Number or		
핃	4 Homicide determined		Roadway			RH	219			
빌	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know		et the time, data and	place, and due	to the cause	e(a) and mer	oner as stated.		
COMPLETED	TOTAL OTHY	ER: On the beels of exeminati	2						ause(a) an	d manner as stated.
	29b. SIGNATURE AND TITLE OF GERTIFIE				c. LICENSE NUN		-			onth, Day, Year)
BE	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	11/11		24	O.C.N		29			, 1995
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF D	EATH (ITEM 27) /Tone Pr	int)	U.C.P	4. L.	P	100021	. 20	, 1990

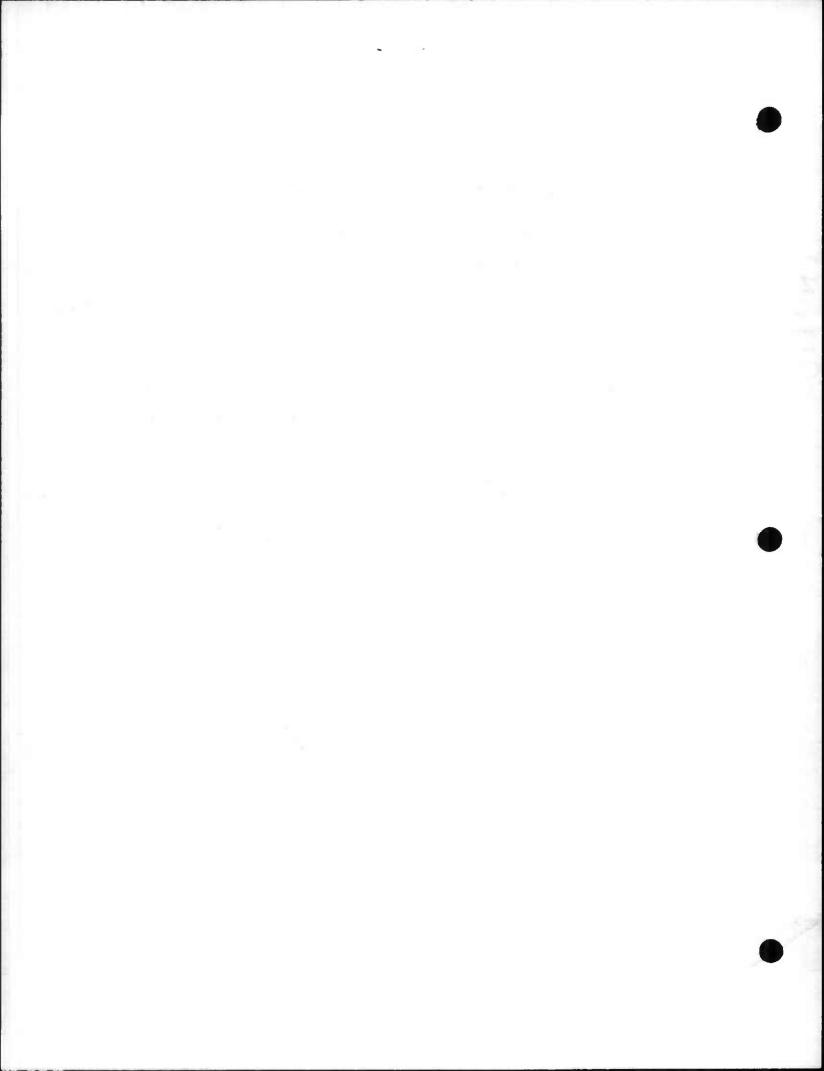
111 Penn Street, Baltimore, Maryland 21201

DHMH-16 Rev 1/89

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STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CE	ERTIFICATE	OI	F DEAT	H		REG. NO.

		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIEN REG. NO.								
		1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF OEATH MONTH DA		3. TIME OF DEATH						
		Mary E. Proctor		30,1995							
		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRB. 72 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death  Approximata interval Between Onset and Death						
plnods		9s. FACILITY NAME (If not institution, give street end number)  9s. CITY, TOWN OR LOCATION OF C	May 3,19								
1, 2, 3 sht	TOR	3011 D Prince Albert Square Walder	DEATH /	Sc. COUNTY O	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA						
permit. Pages 1	DIRECTOR	MARNAND Charles 10c. CITY, TOWN OR LOCATION			10d, INSIDE CITY LIMITS?						
. IS	FUNERAL	3011 Prince Albert Sangre 20601		10g. CITIZEN O	F WHAT COUNTRY?						
020 physician. burlal-transit	N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AMMED 13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		ACE — American Indian,						
De ph	BY F	1   Never Married 2   Merried   FUNCES			pecify: Di						
21215-0020 al or attending physician for use as the burial-fra	ED E	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUS	PINESS/INDUSTR	Black						
T 8 2	ET	(Specify only highest grade completed)  (Give kind of work done during most of working life. Do NOT use retired.)  (Give kind of work done during most of working life. Do NOT use retired.)	100.11110	INVESSION OF THE							
the hospital detached fo	COMPL	12 0 Homemaker	1)0	meste							
2 8 8 E	ш	Joseph Savoy Mary	AME (First, Middle, Maiden  13. J	Surramo)							
MARN retained to 5 should notified	TO B	19a. INFORMANT NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rulat	Route Number, City or Town	n, State, Zip Code)							
₩ % P		Marie Fenwick 300 Garnar Ave	Waldort	141)							
6 may ector, pag		1 Buriel 2 Cremation 3 Removal from State capacity or other piece)	9/6/95 C	CATION - City of	Town, State						
Page al dire	4 1	21. BIOMATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	4/6/73   CI	INTO	111						
BALTIMORE, nours after death. Page 6 may be d in by the funeral director, page or removal.		> I have & Many to	1 11	1	ND						
B after removal		23. PART I. Enter the diseases, or complications that chused the death. Do not enter the mode of dying, suc	ch as cardiac or respi	ratory arrest,							
the the		shock, of heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	eath	•	interval Between						
8 5 - 6		DUE TO (OR AS A CONSEQUENCE OF):	0	_							
	NO	Sequentially list conditions,  DUE TO (OR ALL A DOMISEQUENCE OF):	Rox								
So cian be	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									
F P P P	FIE	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS X CONSEQUENCE OF):									
0 4 5 0	ERT	resulting in death) LAST	d								
Me the d	AL CE	PART II. Other significent conditions contributing to deep but not resulting in the underlying cause given in	Part i. 24s. WAS AN	AHTOPSY	AL WEDE ALITOPRY FINDINGS						
that that had by and had	CA	Diapetes Hellitu	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE						
Sign Sign	MEDIC/		1 TES 2	□ NO	OF DEATH?						
2 5 Se 2	1	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAI	N 🗆		10.00						
# # # # <b>5</b>	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
	YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence	6 Other (Specify)								
NG PHYSICIAN: Ther this certificate with the St marked, or it	_	27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK?  1 Netural 5 Pending 28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED							
	B	2 Accident Investigation 28e PLACE OF INJUSTY At home form street feature office	29/ LOCATION (Street o	the share or Bu	- Contract March						
= 55 ° ~ ~		4 Homicide  8 Could not be determined  building, etc. (Specify)	City or Town, State)	nd Number or hor	ar Moute Number,						
S C C C C C C C C C C C C C C C C C C C	PLET	29a. CERTIFIER (Check only  CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end duc	to the equee(s) and man	The second second							
로 코오 =	COMPL	(Check only one)  1			e(e) end manner as stated.						
E HOS d with		296. SIGNATURE AND TITLE OF CERTIFIER 2			ED (Month, Day, Year)						
TO THE HOSPIT TO THE FUNERA be filed within 7	O BE	Sychil Kon 7.D. D37	174	Þ 9	11/9-						
	٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- 60								
		SONG CHOL CHON M.B. TC POST OFFICE 31. DATE FILED (MONTH) DIV. VAUN ADDE . 32. MEGISTRANES SIGNATURED	ERD.	WALL	ORF, TD,						
_		SEP 0 7 1995 July Davidion Ravdall			20602						

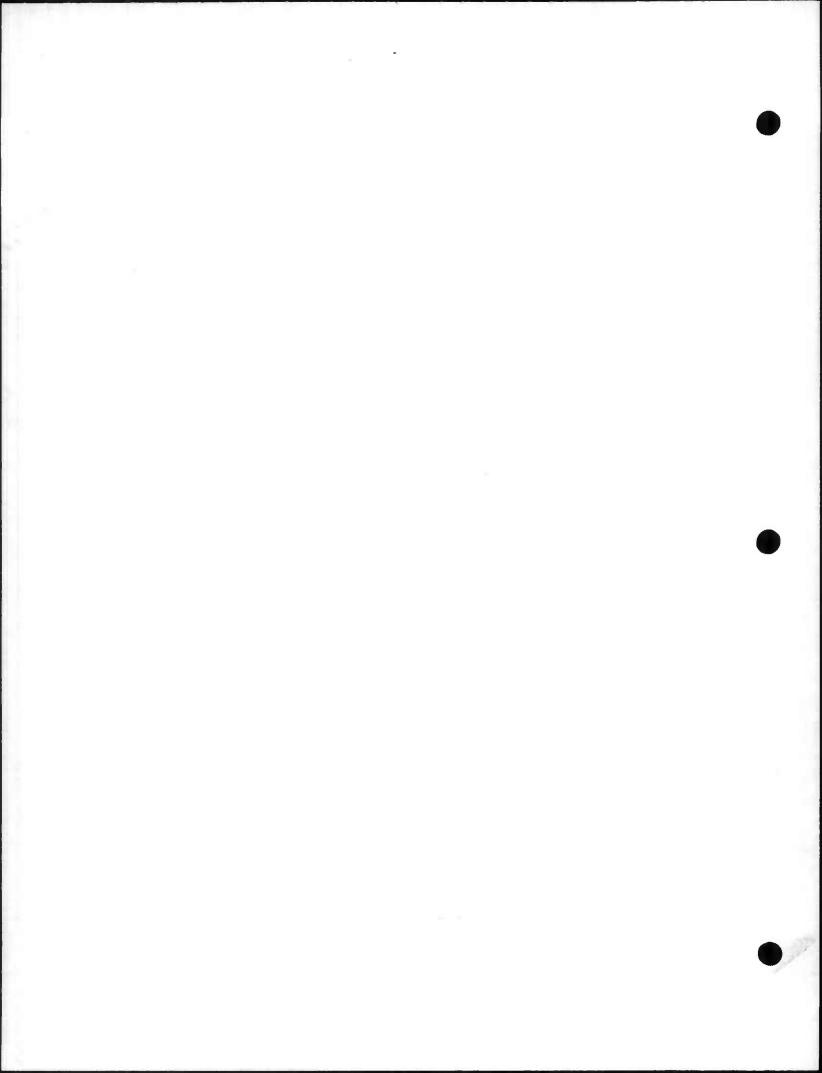


Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL BECORDS DO BOY 68750

BALLIMORE, MARYLAND	nours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detached or removal.	medical examiner must be notified at once.	
CIVISION OF VITAL RECORDS, F.O. BOX 68/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

				•	2						V	20201	
	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND	/ DEPAR	TMENT	OF H	EALTH AND DEATH	MENTA	L HYGIEN	E			
Į,	1. DECEDENT'S NAME (First, Middle, Last)  Marilyn							MONT	OF DEATH		YEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. i		IF UNDER 1		OCTOR  IF UNDER 24 HRS.		ugust		199 8. BIRTH	DLACE (State or Foreign	
1	220-32-7095  Ba. FACILITY NAME (If not institution, give st	1 M 2 F	64	YRS.		DAYS	HOURS MIN.	TNE	of BIRTH		Bel	AtoM	
DIRECTOR	9826 Meadowview	Dr.		]			burg				arl		
E	10a. STATE 10b. COUNTY			10c. CITY	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
	Maryland Char	les		N	Newburg						1 💢 YES 2 □ NO  10g. CITIZEN OF WHAT COUNTRY?		
Ž	10e. STREET AND NUMBER	D			10f. ZIP CODE					10g. CITI	ZEN OF W	HAT COUNTRY?	
FUNERAL	9826 Meadowvie		20664				0.0.			A			
8	1 Never Married 2 1 Married 3 Widowed 4 Divorced	T EVER IN U.S. A YES 2 [] WAR OR DATES	MNO If yes, specify Cuban, Maxican, Puarto Rican, atc.) Bio						14. RACE Black, Specif	— American Indian, , Whita, atc. y: Black			
3	16. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. E	Give kind of w	USUAL OCC	UPATIO	N L of working	161	. KIND OF BUS	INESS/IND	USTRY	Diack	
COMPLETED	Elementary/Secondary (0-12) 1 2	College (1-4 or 5 +		Dome	retired.)				Home	make	r		
3	17. FATNER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First,	Middle, Maiden	Sumame)			
20		hn F. S							. Pro				
2	19a. INFORMANT'S NAME (Type/Print)	<b>.</b>					d Number or Rural						
	Eunice E. Proc	tor					view Dr				_		
	1 Burial 2 Cremation 3 Remo	oval from State	cemetery, c	E AND DATE O	her place)			DAT		CATION —			
	21. SIGNATURE OF FEMERAL SERVICE LIC	ENSEE	- I MD V	Veter					Che	lten	ham	MD	
	22. NAME AND ADDRESS OF FACILITY  Adams Funeral Home												
_	23. PART I. Enter the diseases, or c	26	2		Aq	uas	sco Mar	vla	nd 20	808			
	shock, 5r heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	b. Lung	Cance	e. EQUENCE OF	):				or respi	atory and		Approximata Interval Batween Onset and Daath	
5	Sequentially list conditions,	λ				OT	TIVEL						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Chronic Obstructive PUlmonary Disease											
	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUENCE OF):								1			
-	resulting in death) LAST												
. H	PART II Other significant conditions	a contribution to	double but not	an audate a te		4.1							
PRINCIAN: MEDICAL	PART II. Other algolificent conditions	i contributing to	death out not	reculting in	the unde	erlying	cause given in	Part I.	24a. WAS AN A PERFORI 1 YES 2	MED?	1 3	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
									1 163 2	L NO		OF DEATH?  1 YES 2 NO	
	DID TOBACCO USE CONTR	BUTE TO CA	USE OF DE	ATH YES	S   N	0 🗆	UNCERTAIL	N 🗆					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL/	CE OF DEATI		y one)							
5	1 TYES 2 THO	1   Inpetient 2	ER/Outpatient		OTHER: 4   Nursin	g Home	5 Residence	6 🗆 Othe	r (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIME		Bc. INJU WOR		28d. DES	CRIBE HOW IN	JURY OCC	URED		
5	2 Accident Investigation						ES 2 NO						
100	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, a	FINJURY — AI h atc. (Specify)	nome, ferm, at	reet, factory	, office		28f. LOC City	ATION (Street as or Town, Stete)	nd Number	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PNYSIC MEDICAL EXAMINES											and manner as stated.	
	296. SIGNATURE AND THE OF CERTIFIER	La IA				П	29c. LICENSE NUM	WBER		29d. DATE	SIGNED (	Month, Day, Year)	
	Votan	MP					D2257	4		<b>•</b> (	08-3	1-95	
2	30. NAME AND ADDRESS OF PERSON WHO												
	Robert Timothy	Pace,	M.D.	PO BO	X 24	19	Waldor:	f MD	206	04-0	)249		
	SEP 0 7 1995	July 0	NE SIGNATURE	Rardall									



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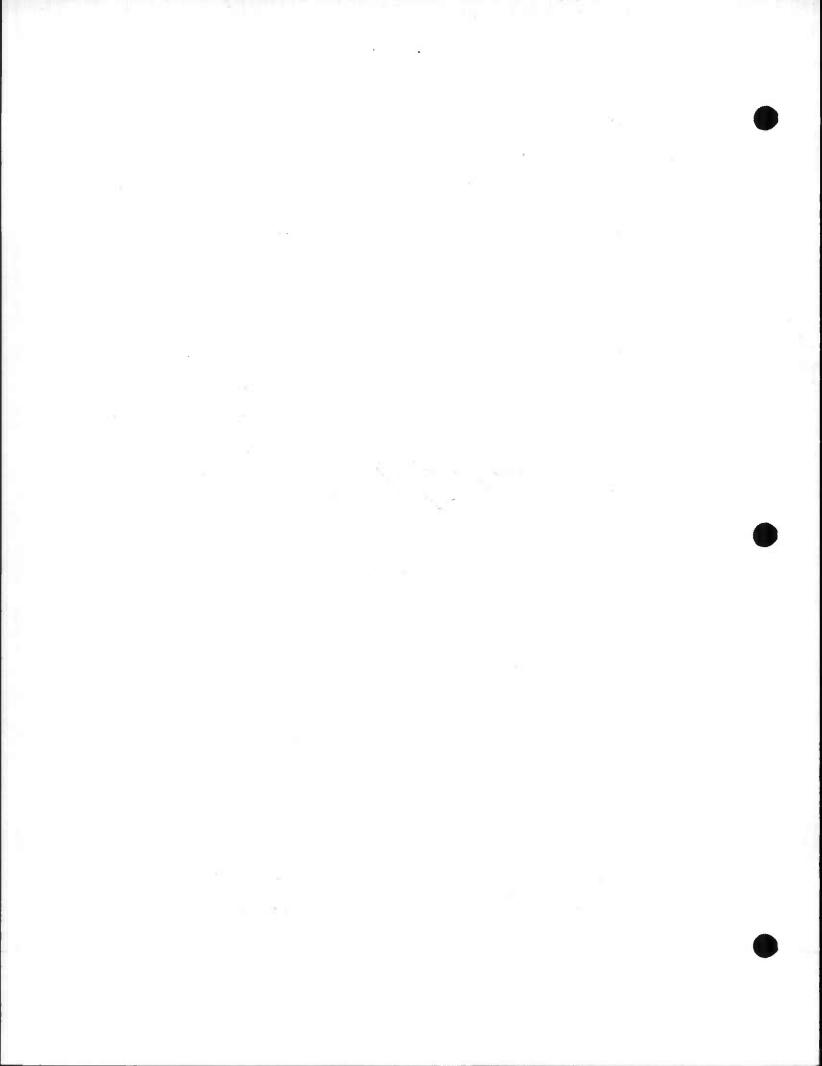
DIVISION OF VITAL RECOF

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)		O E I I I I I	Ortife Of	DEATH	2. DATE OF DEATN		3. TIME OF DEATN				
	Frank Otto Puppe	Jr				August 10	1995	0430 hrs M				
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BI	RTNPLACE (State or Foreign				
	215-36-1947 9a. FACILITY NAME (If not institution, give st	1 M 2 F	85 YRS.	NONTHS DAYS	HOURS MIN.	July 3, 1		aryland				
DIRECTOR	21876 Lovers Lane				ck Hall		Ken					
12	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY				
	Maryland 100. STREET AND NUMBER	Kent			ck Hall			LIMITS?  1 YES 2 NO  F WHAT COUNTRY?				
FUNERAL	21876 Lovers Lane		100	10 1000	<i>C</i> 1	1,341	11.452.11.539.00.1					
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	21661  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify '			United States  or No- 14. RACE - American Indian,					
	1 Never Married 2 X Married	FORCES? 1 YES		If yes, spe	ocify Cuban, Maxica	n, Puarto Rican, atc.)	8	lack, White, atc.				
BY	3 Widowed 4 Divorced			1 ☐ YES 2X NO Specify:			White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S I	ork done during mo-		16b. KIND OF BU	SINESS/INDUSTR	Y				
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)								
₹ P	5		Farmer			Farm						
8	17. FATNER'S NAME (First, Middle, Last)			A 10 12 A 10 A 200	ME (First, Middle, Melden	Sumame)						
BE	Frank Otto Puppe S	Sr				ine Roth						
2						Route Number, City or Tow						
	Mrs. Mae Puppe	1				ock Hall,						
	1 XBurial 2 Cremation 3 Ramo	val from Stata cem	PLACE AND DATE O etery, cramatory or oth	ner place)		.11	CATION - City o					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEY # 1	esley Cemet		D ADDRESS OF FA		Hall, Ma	ryland				
	William L.	King M	Long	Fell	ows - We	lls Funera						
	23. PART i. Enter the diseases, or c	omplications that coused	We deeth. Do no	ot enter the mo	de of dying, suc	e 20, Rock	retory arrest,	Approximate				
	shock, pr heart fellure. List pnly pne cause pn each line.  Interval Batween Onset and Death  Interval Batween Onset and Death  Interval Batween Onset and Death  Onset and Death  Due to (or As a consequence of):  Due to (or As a consequence of):  Due to (or As a consequence of):											
-		Buy TO (OR AS A	CONSEQUENCE OF	COP	20							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):								
S	cause, Enter UNDERLYING CAUSE (Diseese or Injury	1018AC	es ABO	ul								
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:								
ER	resulting in desth) LAST											
AL C	PART II. Other algoliticant conditions	contributing to deeth be	ut not reculting in	the underlying	ceuse given in	Part I. 24a. WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS				
	ARCUD, H	BP AD	Sal 1	f shear	recenin	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC	7			//			I NO	OF DEATH?				
	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YES	S D NO F	UNCERTAIN	<u>ч П</u>						
IA	25. WAS CASE REFERRED TO MEDICAL		6. PLACE OF DEATI		0.11021111111							
Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpi		OTHER:	5 Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJI		28d. DESCRIBE NOW I	NJURY OCCURED					
ВУ	1 Natural 5 Pending 2 Accident Investigation	your	INOC		ES 2 NO							
ED	3 Suicide S Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At homa, farm, st	reet, factory, office		281. LOCATION (Street a City or Town, State)		al Route Number,				
I	4 Homicide determined					ony or rown, oraco,						
PLE	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowl	edge, death occurred	d at the time, data	and place, and due	to the cause(a) and mar	nner as stated.					
COMPLET		R: On the basis of examination						e(s) and manner as stated.				
	296. SIGNAPORE AND TITLE OF CERTIFIER	)			29c. LIÇENSE NUN	IBER	29d. DATE SIGN	ISO (Month Day, Year)				
) BE	Quals	$\geq$			023	887	▶ 81	11/25				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, I	Print)	711.11-	21420						
15	31. DATE FILED (Month, Day, Year)	32. REGISTRARIE SHOW	IDUAE.	urrow	ma !	1460						
1	AUG 17 '9	5 32. REGISTRANG SIGN	Davidson-Ro	indell								



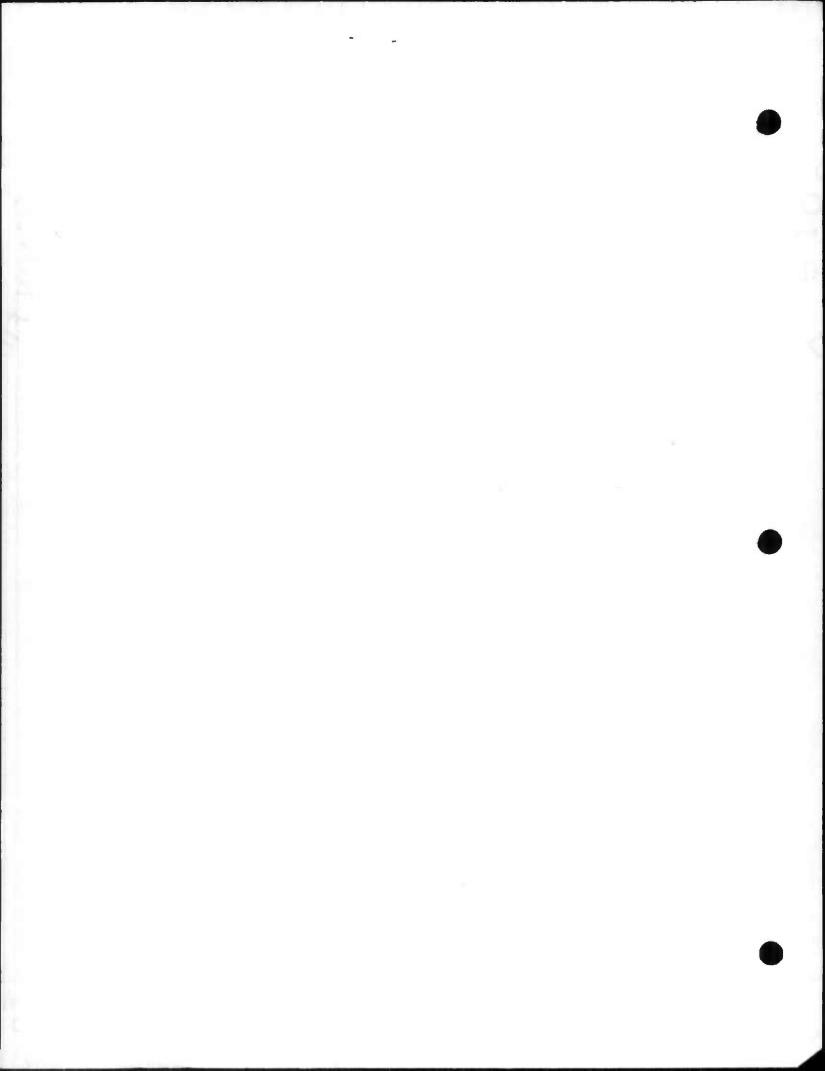
DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020	
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	may be retained by the hospital or attending physician.	
7 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should if the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
APORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	st be notified at once.	
		Г

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH		
		George Gary Po							995	2215P	М	
		4. SOCIAL SECURITY NUMBER 218-16-7132	5. SEX 6. AGE (In yrs. less	MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan 4		Country)	MCE (State or Foreign		
		9a. FACILITY NAME (If not institution, give s		YRS.	OFFICE POWER OF				-	land	_	
	E E	Kent & Queen /	Anne's Co Hosp	ital		r LOCATION OF DE tertown		KEn1		н		
	2	RESIDENCE OF DECEDENT						1				
	DIRECTOR	MD 10a. STATE 10b. COUNT	ent		getow				1,770	d. INSIDE CITY LIMITS?		
	1	10e. STREET AND NUMBER				ZIP CODE		10g CITIZE		T COUNTRY?	_	
	ER/	13963 Tockwoo	gh La. Box 2	37		21930		1.10	.S.A			
	BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	or No — 14	I. RACE Black, WI	American Indian,	_	
		1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 N		1 TYES		n, Puerto Ricen, etc.)		Specify:			
		15. DECEDENT'S EDU		CEDENT'S USU	AL OCCUPATIO	N	16b. KIND OF BU	SINESS/INDUS	whit	te		
	ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1.4 on F. )	Do NOT use reti	ired.)		0.000					
6	COMPLETED	Aircraft Pilot Transporta										
at on		17. FATHER'S NAME (First, Middle, Last)  George Gary	Pennington	Sr.			ME (First, Middle, Maiden				Ī	
fled a	BE	19a. INFORMANT'S NAME (Type/Print)		MAILING ADD	RESS (Street or	Lelia	Everett		a da l		_	
noti	2	Elizabeth Pennington (wife) 13963 Tockwogh La Box 237										
st pe		20a. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of										
JE THE		Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Competent   Comp										
amin		TONERAL SERVICE LIC	- A A	510	Galen	a F.H.	of Steph	nen L	. Sc	haech		
oval.	Щ	(7)0po ()	· Charles		Box 2		ena, MD					
or removal. medical examiner must be notified at once.			Complications that coused the de- List only one cause on each line.	ath. Do not e	nter the mod	ie of dying, auch	an cardiac or resp	iratory arrea	t,	Approximate Interval Between		
the the		IMMEDIATE CAUSE (Final disease or condition	PNEUMONIA	+						Onset and Deat	th	
cremation, event, the		resulting in death)	DUE TO (OR AS A CONSEC	UENCE OF):						4 any	)	
I Hygiene prior to burial, crema or other traumatic event,	N	Sequentially list conditions,	NON HODGKI		LYMP	HOMA	l			7 year	3	
prior to	CATION	If any, leading to immediate cause. Enter UNDERLYING										
ther i		CAUSE (Disease or Injury  that Initiated events  DUE YO (OR AS A CONSEQUENCE OF):										
or other	CERTIFI	resulting in death) LAST	d						!			
injury,	- 1	PART II. Other aignificant condition	ns contributing to death but not re	esulting in th	e underivina	cause given in i	Part I. 24a, WAS AN	AUTOBEV	24h WE	RE AUTOPSY FINDINGS		
h and amy in	ICAL	CRYPTOGENIC	CIRRITUSIS	3	,,	grott iii	PERFOR	RMED?	AWA	ILABLE PRIOR TO MPLETION OF CAUSE		
of Health an shows any	MEDI	COTWNARY ATTH					1 [] YES 2	NO		DEATH?		
23 sh		DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEAT	TH YES	M ON	UNCERTAIN				,		
State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	E OF DEATH (C)	heck only one) HER:							
e 5	>- II	1 TES 2 NO 27. MANNER OF DEATH	1/2 Inpetiant 2 ER/Outpatient 3  28e. DATE OF INJURY	DOA 4	Nursing Home	5 🗆 Residence						
death with I	Y PH	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF		28d. DESCRIBE HOW I	NJURY OCCUR	IED			
G 80	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At hor	ne, ferm, street,			281. LOCATION (Street a	and Number or	Rural Route	Number,	_	
3 aft	ETE	4 Homicide determined	building, etc. (Specify)				City or Town, State)					
72 hours If item	1 11	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge, dea	With occurred at	the time, date :	and place, and due	to the cause(a) and mar	mer as stated.			_	
	COMP	one) 2 MEDICAL EXAMINE	R: On the basis of examination and/or in	nvestigation, in	my opinion, de	ath occured at the t	lma, data and place, an	d due to the c	ause(e) end	d manner as stated.		
be filed within	BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	Mana			29c. LICENSE NUM	BER			nth, Day, Year)		
¥ ge	6	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  D41587 ► 8-22-95										
		Helen A. Nobl	e MD 122 Spe	er Rd	Suite	e 5 Che	stertown	, MD	216	520		
		Helen A. Noble MD 122 Speer Rd Suite 5 Chestertown, MD 21620										

AUG 4 '95

Julia Davidson Handalle

DHMH-18 Rev 1/89



BALTIMORE. MARYLAND 21215-0020

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Lest)

			Thoma				arker					Augus	DA	Ď, 19	95 3	2:40 A M
		4. SOCIAL SECURITY NUMBE 220-07-3887		5. SEX	6. AGE (fr	n yrs. last	t birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	lay, Year)		Country)	LACE (State or Foreign
should		9s. FACILITY NAME (If not inst					Tho.	9b. CITY	TOWN C	R LOCATI	ON OF DE	Nov.	2, 1	914		yland
1, 2, 3 st	ECTOR	4631 Huntin	gtown	Rd.						ingt					Lvert	
physician. burial-transit permit. Pages	DIREC	Maryland	10b. COUNTY			10c. CITY, TOWN OR LOCATION Huntingtown									Od. INSIDE CITY LIMITS?  YES 2 X NO	
st permi	FUNERAL	100. STREET AND NUMBER 4631 Huntin	gtown	Rd.			101, ZIP CODE 20639								N OF WH	AT COUNTRY?
physician. burial-tran	UNE	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN	U.S. ARI	MED			ENDENT C	F HISPAN	IIC ORIGIN? (		or No — 14	, RACE -	- American Indian,
attending physe as the bur	ВУ	1 Never Married 2 X N 3 Widowed 4 Divorc	ced	IF YES, GIVE W						2 XXNO	n, Mexical Specify	n, Puerto Rici	in, atc.)			White, atc. Black
5 5	ETED	(Specify only	DENT'S EDUC	completed)		(Gh	CEDENT'S ve kind of v Do NOT us	work done	CCUPATIO	HN st of workin	g	16b. KI	ND OF BUS	SINESS/INDUS	TRY	
the hospital of detached for once.	COMPLI	Elementary/Secondary (0-1	2)	College (1-4 or 5 +	,		Fai	rmer	W.			F	armi	ng		
be det	CO =	17. FATHER'S NAME (First, Mid Bud	idle, Last)		Park	er					er's nai	ME (First, Mide	fle, Maiden		(y1er	
5 should	0 8	19a. INFORMANT'S NAME (Typ.	ce/Print)				. MAILINO	ADDRESS	(Street a			Route Number,	City or Town	n, State, Zip Co		
be no se se se se se se se se se se se se se	-	Leatha Park					P.O.				ınti			20639		
Ctor,		1 A Buriel 2 Cremation 4 Donation 6 Other (S	3 🗆 Remo	oval from State	SO.	PLACE A	nd DATE On atory or of PTn	of Dispos (par place) 1em .	Gard	dens	9	/2/95		nkirk,		, State
		21. SIONATURE OF FUNERAL	SERVICE LIC	ENSEE					-	D ADDRES	S OF FAC	OH PTM		Funera		ome
		Spane	أسد	2. Ser	مم	الع		14	51 I	ares	Bea	ach Rd	. Pr	ince F	rede	rick, MD
within 24 hou apletely filled in cremation, or vent, the me		23. PART I. Enter the dis ahock, or her IMMEDIATE CAUSE (Find disease or condition resulting in deeth)	art fallure. L	omplications that	se on ea	ch line.							or reaple	ratory arrea	t.	Approximata interval Between Onset and Death
th certificate be execu- ending physician and il Hygiene prior to bur or other traumativ	CERTIFICATION	Sequentielly list condition if any, leeding to immediceuse. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	inte IG y		(OR AS A (											
that the deed by the th and Mes	MEDICAL C	PART II. Other algnificant	t conditions	contributing to	deeth bu	it not re	eaulting i	n the un	derlying	cause g	iven in i		e. WAS AN PERFOR	MED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
been t. of		DID TOBACCO US	E CONTR	IBUTE TO CA	USE OF	DEAT	TH YE	s 🗆 t	10 🖸	UNC	ERTAIN	10			'	YES 2 NO
PHYSICIAN: The law this certificate has twith the State Dept with the State Dept thed, or item 23	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 JHO	MEDICAL	HOSPITAL:			DOA	OTHER		5 Q.Rd	Idence	6 Other (S)	pecify)			
OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has bours after death with the State Depter 23 is marked, or item 23	ву РН	27. MANNER OF OEATH  1 Netural 5 Per 2 Accident In	ending vestigation	28s. OATE OF (Month, De			28b. TIMI	E OF URY M	28c. INJU WOF	JRY AT RK? ES 2	NO	28d. DEŞCRI	BE HOW IN	JURY OCCUP	RED	
OR ATTENDING I DIRECTOR; After hours after death item 28 is man		3 Suicide 6 C	ould not be starmined	28s. PLACE Of building,	F INJURY -	— At hom	ne, farm, s	treet, tect	ory, office			28t. LOCATIO	ON (Street a. own, State)	nd Number or	Rural Rout	le Number,
4 4 5 E	COMPLETE			ZAN: To the best of												
TO THE HOSPITAL TO THE FUNERAL I DE filed within 72 h IMPORTANT: II I	ш	296. SIGNATURE AND TITLE O			1			ii, iii niy o	prinon, de	29c. LICE			place, end			onth, Day, Year)
5 5 3 M	TO B	30. NAME AND ADDRESS OF F	PERSON WHO	Yanga 1	E OF DEAT	~ Z	197) (Time	Original		7	26	358		PAU	F. 3	11, 1995
1		JOHN 31. BATE FILEO (Month, Day, Ye	Hi	MITTE 32. REGISTRAL	57.1	m)	- BO	XQ	62.	-2	PR (	MCF	FRF	DA1	cx.	A). 806 78
		SEP - 1	1995	1 . 4			dall									

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n	after	
	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	
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DIVISION OF VIEW RECORDS, P.O. BOX 68/60	death	
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	1 - STATE REGISTRAR	STATE OF M		ERTIFIC				IENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					J. DEA.			OF DEATH			3. TIME OF OEATH
	Joseph C. PAF	≀KER						Aug.	28	19	95	1:15 A
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	- "	F UNDER 1 YE		24 HRS.	7. DATE	OF BIRTH		6. BIRTH	IPLACE (State or Forek
	214-14-3984	1 😾 M 2 🗆 F	87	YRS.	ONTHS DA	YS HOURS	MIN.		25-19	08	Countr	ryland
	9a. FACILITY NAME (If not institution, give	street and number)		98	9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
OR	Bayside Nursing Center Lexington Park St. Marys										ys	
DIRECTOR	RESIDENCE OF DECEDENT  104, STATE  10b, COUNT		10c, CITY, TO									
E	100.000	1			1					104. INSIDE CITY LIMITS?		
AL D	10e. STREET AND NUMBER	lvert		FI	Ince	Freder						1 YES 2 X NO
RA	Box 645 Harris Road 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?											
FUNER	11. MARITAL STATUS	12. WAS OECEDENT	BMED	12 400			0.0000	10 M2 16 - M -				
	1 Never Married 2 Married	FORCES? 1	YES 2 1	NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year of If yea, specify Cuban, Maxican, Puerto Rican, etc.)					or No-	Black	E — American Indian, k, White, atc.
ВУ	3 Wildowed 4 Divorced	IF 1ES, GIVE W	AN ON DATES		'	YES 2 😾 NO	Specify:				Speci	Black
ED	15. DECEOENT'S EDU (Specify only highest grad		16a. DE	ECEDENT'S US	UAL OCCUP	PATION	_	16b.	KIND OF BUS	INESS/IND	USTRY	
T	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 6%	sive kind of work a. Do NOT use re	t done dunng stired.)	most or working	g					
COMPL	3			Farmer					Toba	acco		
8	17. FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	Nathaniel Par	ker					Rosi	e Wa	allace			
6	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD								
	Cora Lee Smith			P.O.	Box	1246	Lusb	y, M	larylar	nd 20	)657	
	20a. METHOD OF DISPOSITION 1 1 1	noval from State	20b. PLACE	AND DATE OF D	DISPOSITION	N (Neme of		DATE		ATION -		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	IOCHOCA .	Great	er Bib					5 Prin	ice F	rede	erick, Md
	21. SIGNATURE OF TUNERAL SERVICE LI	CENSEE	)		22. NAM	E AND ADDRES	S OF FACI	LITY S	ewell	Fune	ral	Home
	Sewell Funeral Home 1451 Dares Beach Rd. Prince Frederick, Md											
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest,  Approximate											
	IMMEDIATE CAUSE (Finel	List only one ceds	Se on each mie								-	Onset and D
	disease or condition resulting in death)	. Lev	mens	t Ce	rel	rola	ردر	Com	nec	edo	E	+
		DUE TO (	OR AS A CONSE	OUENCE OF):								
2 1	4 _	b										!
5	Sequentially list conditions.											
ATIO	Sequentielly list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSE	QUENCE OF):								
FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING	c	OR AS A CONSE									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (	OR AS A CONSE	OUENCE OF):								
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DES	PERFORM  1 YES 2  (Specify)  CRIBE HOW IN.  CTION (Street and rown, State)	JURY OCC	or Rural R	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 HO  27. MANNER OF DEATH  1 Williams  2 Accident  3 Suicide  4 Homicide  290. CERTIFIER (Check only one)  2 MEDICAL EXAMINER  1 CERTIFIER (Check only one)  2 MEDICAL EXAMINER  201. SIGNATURE AND THE OF COLUMNER  202. MEDICAL EXAMINER	C. DUE TO ( d	JSE OF DEA  28. PLAC  ER/Outpetlent 3  NJURY  (NJURY — At ho ric. (Specify)  my knowledge, de aminstion and/or in	OUENCE OF):  THE YES  DOA DIVINITY  28b. TIME OF NUMBY  me, term, stree	NO Check only of THER: Trusting I F 28c. M 1 (  it the time, of	UNCI	ERTAIN  Idence 6  NO 2  and due to	Other 28d. DES	PERFORM  1 YES 2  (Specify)  CRIBE HOW IN.  CTION (Street and rown, State)	JURY OCC	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  Oute Number,  and manner ea state (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	FART II. Other algnificant condition  PART II. Other algnificant condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Reference of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of th	C. DUE TO ( d	JSE OF DEA 26. PLAC ER/Outpettent 3 NJURY , Year!  INJURY — At ho ric. (Specify)  my knowledge, de amination and/or i	OUENCE OF):  THE YES  DOA DIVINITY  28b. TIME OF NUMBY  me, term, stree	NO Check only of THER: THURSHIP E 28c. M 1  It the time, of m my opinio	UNCIONE)  Home 5 Ree  INJURY AT  WORK?  YES 2 Unifice  deta and place,  n, death occurs  29c. LICEI	end due to det the thinse NUMB	Other 28d. DCA City of the cause, date	PERFORM  1 YES 2  (Specify)  CRIBE HOW IN.  CTION (Street and rown, State)	JURY OCC	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO Outre Number,  and manner ea state (Montp, Day, Year)

D. 17 Jefferson St.

32 REGISTRAR'S SIGNATURE

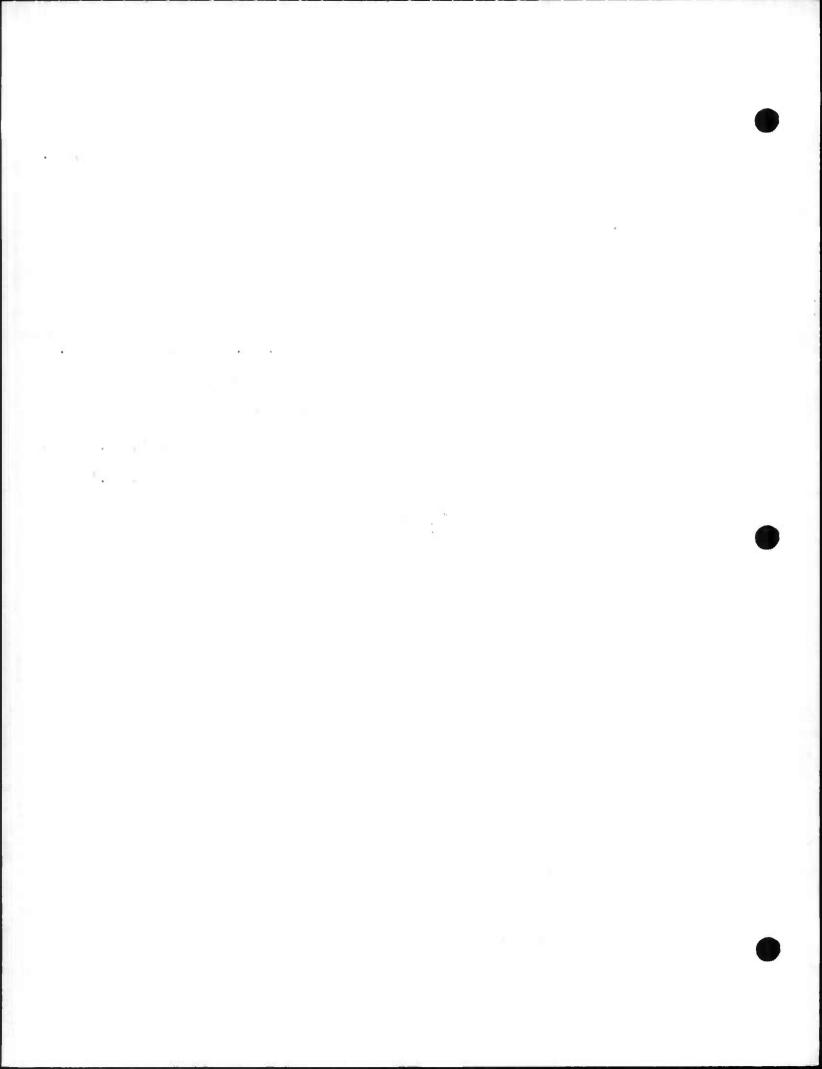
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AUG 3 0 1995

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH WINTERED MARY 8-21 PURNELL PETERS 45 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8-30-22 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-07-5286 1 - M 2 - F MONTHS DAYS HOURS MIN. BERLIN, MD. Pages 1, 2, 3 should Se. FACILITY NAME (if not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 517 FLOWER STREET DIRECTOR BERLIN WORCESTER RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. WORCESTER BERLIN permit. 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 517 FLOWER STREET funeral director, page 5 should be detached for use as the burial-transit 21811 USA ith. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. TIMORE, MARYLAND 21215-0020 1 Never Merried 2 Merried Specify: BLACK B 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) RETIRED CIVIL SERV. WK. SOCIAL SERVICES ADM. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) LEE **PURNELL** HENNIE GRAY notified at BE 16e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBINSON BRITTINGHAM ADDRESS SAME AS ABOVE P 20s, METHOD OF DISPOSITION
1 🖄 Burlel 2 🗆 Cremetion 3 🗆 Removal from State
4 🗆 Donation 6 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cometery ERGREEN place) 8-28 BERLIN, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1233L JEBSRY, RAAD, 21801 JOLLEY MEMORIAL Sortha CHAPFLS 鲁 medicai 23. PART I. Enser the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one gause on each line. filled in by Approximate Interval Bstween ŏ IMMEDIATE CAUSE (Final Onset and Death the cremation, disesse or condition _____ Carcinon pletely 04 Overy event, 7 com DUE TO (OR AS A CONSEQUENCE OF): and com traumatic CERTIFICATION Sequentially list conditions, 9 DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST attending 6 PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL an of MAILABLE PRIOR TO COMPLETION OF CAUSE shows any signed the 1 TYES 2 NO 1 YES 2 NO 6 PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \square\) NO \( \square\) UNCERTAIN \( \square\) has b. Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate the State HOSPITAL: 1 | YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Seeldence 6 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, this with 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY After Investigation DIRECTOR: An hours after deal item 28 is n 28s. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurad at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 030690 N. 1. > 29 AUG 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.O., 145 E. Carroll St. E, Martin 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



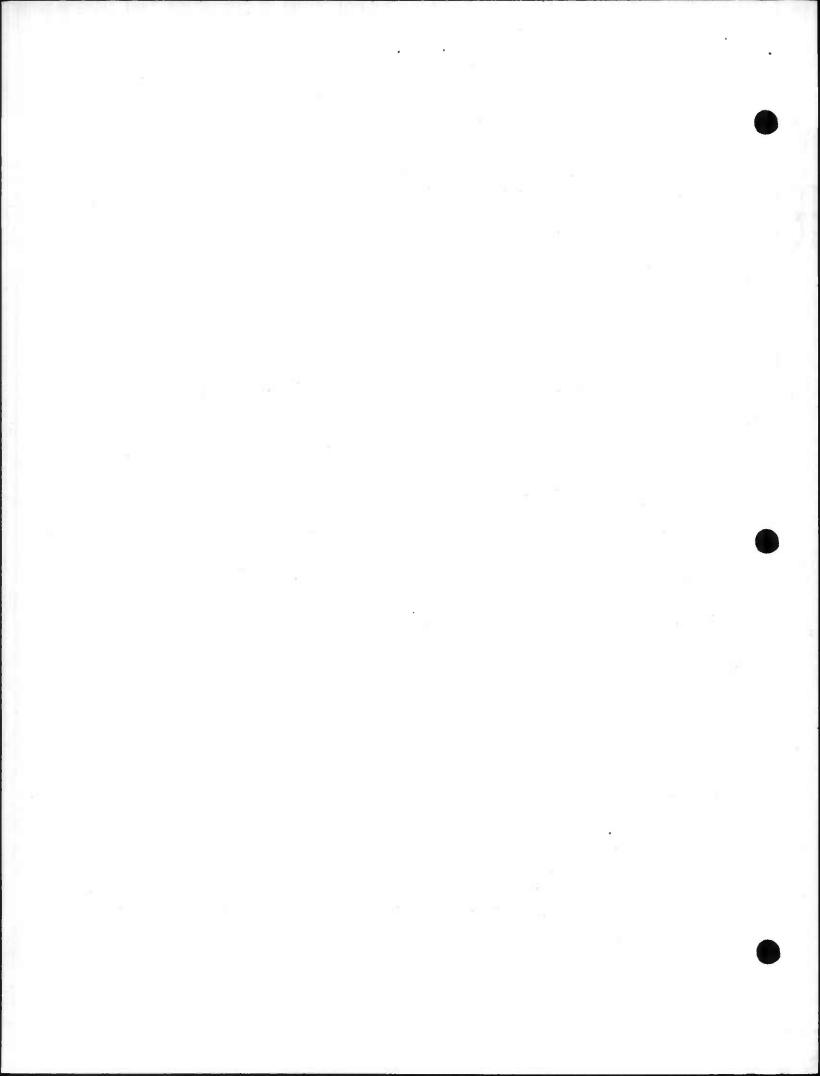
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CE	ERTIF	CATE O	F DEATH	REG. NO.					
į	1. DECEDENT'S NAME (First, Middle, Last)  JOHN	J.	RO	MEO			2. DATE OF DEATH DO SEPTEMBER		1995	6:25 A		
	4. SOCIAL SECURITY NUMBER 224-60-0451	5. SEX 6	AGE (In yrs. las		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign		
			86	YRS.			6/24/09	1		PA		
TOR	9a. FACILITY NAME (If not institution, give st Berlin Nursing &		enter	Berlin  So. COUNTY OF DEATH  So. COUNTY OF  Worces								
<u> </u>	RESIDENCE OF DECEDENT											
DIRECTOR		ngton		100.01	Arling			10d. INSIDE CIT LIMITS? 1 X YES 2				
FUNERAL	100. STREET AND NUMBER 5624 N. 32nd S	it.				101. ZIP CODE 22207	7 10g. CITIZEN OF WI					
5	11. MARITAL STATUS  12. WAS DECEMENT EVER IN U.S. ASMED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — A  14. MARITAL STATUS  15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — A  16. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — A  17. Marital Status  18. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — A  19. Marital Status  19. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No — 14. RACE — A  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19. Marital Status  19.											
B	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  FORCES? 1 YES 2 NO Specify:  If yes, specify Cuban, Maxican, Puario Rican, etc.)  If yes, specify Cuban, Maxican, Puario Rican, etc.)  Specify:											
	15. DECEDENT'S EDUC (Specify only highest grade				USUAL OCCUP		16b. KIND OF BUS	SINESS/IND	USTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Audit	e retired.)	most of working	Govern	amon				
8	17. FATHER'S NAME (First, Middle, Last)	7	4	Audi	.01	10 1007UEDIO NA	ME (First, Middle, Maiden		L			
	John C. Romeo						rine Donat					
8	19a. INFORMANT'S NAME (Type/Print)	-	101	MAHING	ADDRESS /Stee		Poute Number, City or Town		0.44			
2			""							,		
	Carmel L. Romeo 5624 N. 32nd St. Arlington, VA 22207  20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State employs or other place)  20b. PLACE AND DATE DISPOSITION (Name of place)  20b. PLACE AND DATE DOLL COLOR OF Town, State employs or other place)											
	1 A Burlai 2 Cremation 3 Removal from Stata Stellar Squinas Cem. 9/4/95 Archibald, PA											
	22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home 108 Williams St. Berlin, MD 21811											
	23. PART I. Enter the Gyennes, or o	omplications that	eueed the de	eth. Do n	ot enter the	mode of dying, suc	h ss cardiac or respi	ratory erro	est.	Approximata		
	shock, or heart failure. List only one cade on each line.											
	disease or condition	S'C :	31168	,	Dison	DER_				Onset and Death		
	resulting in desth)  e. JETUCE  DUE TO (OR AS A CONSEQUENCE OF):											
2	disease or condition resulting in desth)  Due to (or as a consequence of):  Sequentially list conditions,  Due to (or as a consequence of):  Anteroscustoric Heart Des.  Plus to (or as a consequence of):											
은	if any, leeding to immediate											
CERTIFICATION	cause. Enter UNDERLYING											
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
H	resulting in death) LAST											
2	PART II. Other significent condition	e contributing to de	sth but not r	esulting i	n the underly	ing cause given in	Part i. 24s. WAS AN	AUTOREV	24h W	ERE AUTOPSY FINDINGS		
EDICAL				oouning .	. the underly	mg couse given m	PERFOR	MED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE		
							1 YES 2	<b>™</b> NO		F DEATH?		
Σ									1	☐ YES 2 A NO		
A I	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: M	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (Ch						
<u>₹</u>	27. MANNER OF DEATH	1 Inpatient 2 E		28b. TIMI		ome 5 Residence						
	1 XNatural 5 Pending	(Month, Day,		INJ	JRY	WORK?	28d. DESCRIBE HOW I	NJURY OCC	UHED			
B	2 Accident Investigation	28a. PLACE OF	N II IDV At ho	The fact of			204   0.0471011 (0)		2 2			
TED	3 Suicide 8 Could not be 4 Homicide datarmined	building, et	:. (Specify)	rrio, 1mriti, a	rreer, ractory, o	nie i	28f. LOCATION (Street a City or Town, State)	na Number	or Hurai Hou	te Number,		
COMPLETED							to the couse(x) and man time, date and place, an			nd manner as stated.		
	296. SIGNATURE AND TITLE DECERTIFIER	_	7	3		29c, LICENSE NUA		_		(girth, Clay, Year)		
TO BE	alla	ullo	U.	_	-	D4625	7	▶ (	7/1/	95		
	30. NAME AND ADDRESS OF PERSON WHO EDWIN CASTANE		OF DEATH (ITE) E 103			IN AVE. I	BERLIN MI	) 2	1811			
10	31. DATE FILED (Month, Day, Year)	32 REGISTRAR										
	SEP 0 5 1995		dem-Rens	lack								
		7										



			1 - STATE REGISTRAR	STATE OF MAR	RYLANI	D / DEPAR CERTIF	TMENT OF E	HEALTH AND		YGIENE EG. NO.		
			1. DECEDENT'S NAME (First, Middle, Las						2. DATE OF I	DAY	YEAR 3	. TIME OF DEATH
U			EDNA  4. SOCIAL SECURITY NUMBER		DBEY				Sept.	2,1995		3.5/·PH
	pino		220-40-3458	1 □ M ZXXF 8	38	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		28,1907	Mar	ACE (State or Foreign yland
	1, 2, 3 should	TOR	Meridian Nur	A-1-1 11-21	er			OR LOCATION OF D			arle	1.0
	permit. Pages 1,	DIRECTOR	Maryland C	harles			v, town on loca La Pla				1 2	Od. INSIDE CITY LIMITS? XXES 2 NO
	т реш	RAL	10s. STREET AND NUMBER	1			10	1. ZIP CODE		10g. CITIZ		AT COUNTRY?
yan,	burial-transit	FUNERAL	Une Magne	olia Drive		ABMED	T 40 HMO 054	20646				S.A.
1215-0020 or attending physician.	E E	B	1 Never Merried 2 Merried  XWidowed 4 Divorced	FORCES? 1 1	YES 2	MO	If yes, sp	CENDENT OF HISPA Hecity Cuben, Mexico 3 2 NO Specif	an, Puerto Rican		Black, V	- American Indian, White, etc. White
1215	use as	COMPLETED	15. DECEDENT'S EC (Specify only highest gra	DUCATION ide completed)	18a	(Give kind of a	USUAL OCCUPATION	ON ost of working	16b. KIN	D OF BUSINESS/INDI	JSTRY	
CV 78	Joy pa	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		Homem	,		1 1	Home		
AN Pe hos	detached once.	MO	17. FATHER'S NAME (First, Middle, Lest)			Homem	aker	18. MOTHER'S NA		, Maiden Sumame)		
Y L	2 %	BE C	Charles (	Gilroy					Basta			
MARYLAND 2 retained by the hospital	5 should notified	9	19a. INFORMANT'S NAME (Type/Print)		_					ity or Town, State, Zip		
E, N	age pe	-	Belle Farrell							n Head,		
OR 6 mg	ector, p		20a METHOD OF DISPOSITION  METHOD OF DISPOSITION  Comparison 2 Greenation 3 Green  4 Donation 5 Green (Specify)	moval from State	competery	CE AND DATE ( r, Crematory or of らのおわ	PER PLACE	emao! ist Com	DATE	9/6/95	Di C	s, State
ALTIMORE death. Page 6 may b	al dire		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /		ББап	22. NAME A	ND ADDRESS OF FA	CILITY	UNERAL I	115	gair, Mu.
BALTIMORE, after death. Page 6 may be	or oeam. Fage 6 mi the funeral director, wal.		120%	10017	4		PO	AKT-ECH ROY 5	OLS F	A PLATA	HOME	20646
S after			23. PART I. Enter the diseases, or	r complications they cause.	used the	death. Do n	ot entar the mo	ode of dying, suc	h aa cerdiac	or reepiratory arre	at,	Approximate
60 within hours	npletely filled in cremation, or vent, the me		IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Pus To (ga /	bir	aton	, Fa	Musp	,			Interval Between Onset and Death
S, P.O. BOX 68760 death certificate be executed with	ending physician and Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		SEQUENCE OF						
CORDS	een signed by the att of Health and Menta shows any Injury,	MEDICAL O	PART II. Other significant conditions and the conditions are the conditions and the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the conditions are the condi	one contributing to deep	th but n	ot reaulting i	n the underlying	g ceuse given in		WAS AN AUTOPSY PERFORMED?  YES 2 NO	AN CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
	st. of H		DID TOBACCO USE CON	TRIBUTE TO CAUSE	F OF D	FATH YE	SINOF	UNCERTAI	N $\square$		1	YES 2 NO
VITAL IAN: The law	State Deg	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	26. P	PLACE OF DEAT	H (Check only one) OTHER:	ne 5 🗆 Rasidence		- M. A		
L S	with the ked, or	PHY	27, MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye.	IRY	28b. TIM	E OF 28c. INJ	URY AT		E HOW INJURY OCCI	JRED	
NG PHY		BY	1 Netural 5 Pending 2 Accident Investigation		near y	1143		YES 2 ND				
DIVISION OR ATTENDING	after of 28 is	ETED I	3 Suicide 8 Could not be determined	28a. PLACE DF INJ building, etc. (	IURY — A (Specify)	I home, farm, s	treet, factory, offic	•	28t, LOCATION City or Tox	(Street and Number ovn, State)	r Rural Rout	te Number,
AL DR	. –	MPLI		SICIAN: To the best of my k								
HOSPITAL	FUNERAL WITHIN 72 TANT: 11	SO	2 MEDICAL EXAMI	NER: On the basis of examin	ation and	l/or investigation	n, in my opinion, d	leath occured at the	time, data and	place, and due to the	cause(s) as	nd manner as stated.
물	TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	A ANTHOR AND TITLE OF CERTIFIC	anhan				29c. LICENSE NUI	MBER	29d. DATE	SIGNED (M	onth, Day, Year)
	}			UHAM, 5	02	ISEM	IMARY	Ro. Ser	ite106	ALEXAK	18811	1 VA 20164
	l		SEP 0 6 19	95 32. REGISTRAR'S S	Audle Audle	er-Randal	l					

approprietty.

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			NENTAL HYGIEN	E			
	1. DECEDENTIS NAME (First, Middle, Last	- W.	Ries	y.i/		2 DATE OF DEATH DA	14,199	3. TIME OF DEATH  424 A M		
	4. SOCIAL SECURITY NUMBER  346-14-5739  98. FACILITY NAME (If not institution, give	1 <b>☆</b> M 2 □ F	74 YRS. MO	UNDER 1 YEAR		Month, Day, Year) April 10, 1	1921 I	BIRTNPLACE (State or Foreign Country)		
TOR	Malcolm Grow USAF							e George's		
DIRECTOR		nce George's						10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔯 NO		
FUNERAL	608 Park Plac	ce		101	U.S.A	OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR W.W. II	2 NO	If yes, sp	ENDENT OF NISPANI ecify Cuban, Mexican 2 NO Specify:			RACE — American Indian, Black, Whita, etc. Specify: NITE		
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-	Coflege (1-4 or 5+)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	ON sst of working	16b. KINO OF BUS				
-	12 17. FATNER'S NAME (First, Middle, Lest) RUSSEL Riege	0	Barber		18. MOTHER'S NAM	Barbersh E (First, Middle, Maiden Clark	-	ner		
TO BE	190, INFORMANT'S NAME (Type/Print) Marie M. Riegel				nnd Number or Rural Ac , Deale,	oute Number, City or Town MD 20751	r, State, Zip Co	ode)		
	20s. METHOD OF DISPOSITION 1A Burlat 2 Crematton 3 Re 4 Donation 8 Other (Specify)	A	bb. PLACE AND DATE OF D modery, crematory or other KLINGTON N	ationa.	l Cemeter	y 9/11/95	Ar	or Town, State lington, VA		
	21. SIGNATURE OF FUNERAL SERVICE I	Baler	>	6633 (	old Alexa On, MD 20	nder Ferry	neral 1	Home, Inc.		
CERTIFICATION	23. PAFIT I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, inches, or heart feliure. List only one cause on sech line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):									
A	PART II. Other eignificent condition	one contributing to death	but not reculting in t	he underlyin	g cause given in P	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (		UNCERTAIN					
BY PHYS	1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Ou  26a. DATE OF INJURY (Month, Day, Year)	26b, TIME O	F 28c. INJ	uRY AT PRK?	Other (Specify) 28d. DESCRIBE HOW IN	NURY OCCUR	RED		
ED	3 Suicide 8 Could not by 4 Homicide determined	28a PLACE OF INJUR	Y — At home, tarm, stree scify)	et, tactory, offic	•	28t. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,		
COMPLE		SICIAN: To the best of my known NER: On the basis of exemination						euse(a) and manner ae stated.		
IO BE	2011. BIGHT URE AND TITLE OF CERTIFIED  30. NAME AND ADDRESS OF PERSON W	Kranipu V	EATH (ITEM 27) (Type, Pril	70	D 212	BER BO	29d DATE SI	GNED (Month, Day, Year)  24 (4) 199.5		
	Auadst P. Roda 31. DATE FILED (MONTH, Day, Year) SEP 0 6 1991	July of the stand	NATURE SON RANGELL	lum C	4. G. X	Es. Pho	9079	48		

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REG. NO

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ames 710 ee Cou 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) ITE OF BIRTH longth, Day, Year) IF UNDER 24 HRS 1 M 2 F 20-140 bruary Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give st 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF BEATH DIRECTOR inton EDENT 10b. COUNTY 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION MARYLAND t YES 2 NO nam permit. FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 0412 funeral director, page 5 should be detached for use as the burial-transit Anc hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ✓ YES 2 ☐ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yea, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced Black ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) COMPL 12 R must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surne en AME BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 2 Glonces hane 20a, METHOD OF DISPOSITION 1 ■ Buriel 2 □ Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donation 6 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF MCILITY Adams Funerl Aguasco MI the Hume 24608 23. PART I. Enter the pseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory strest, has been signed by the attending physician and completely filled in by Dept. of Health and Mental Hygiene prior to bunial, cremation, or remo Approximeta ahock, or Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ ancustic can cel requires that the death certificate be executed within reaulting in death) Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 YES 2 AND 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN W 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINED 1 TES 2 NO 28. PLACE OF DEATH (Check only one) Item this certificate h HOSPITAL Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 1 YES 2 NO After t B 2 Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT: It Item 28 is m 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 4 Homicide 29a. CERTIFIER (Check ank) 1 CERTIFTING PHYSICIAN: To the best of my knowledge, dash occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: ation and/or investigation, in my pointon, death occured at the time. 29c. LICENSE NUMBER 296. SIGNATURE AND TITLE OF CI THE SIGNED (Month. Day. BE 2 HULL WHULLOW REVOLL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

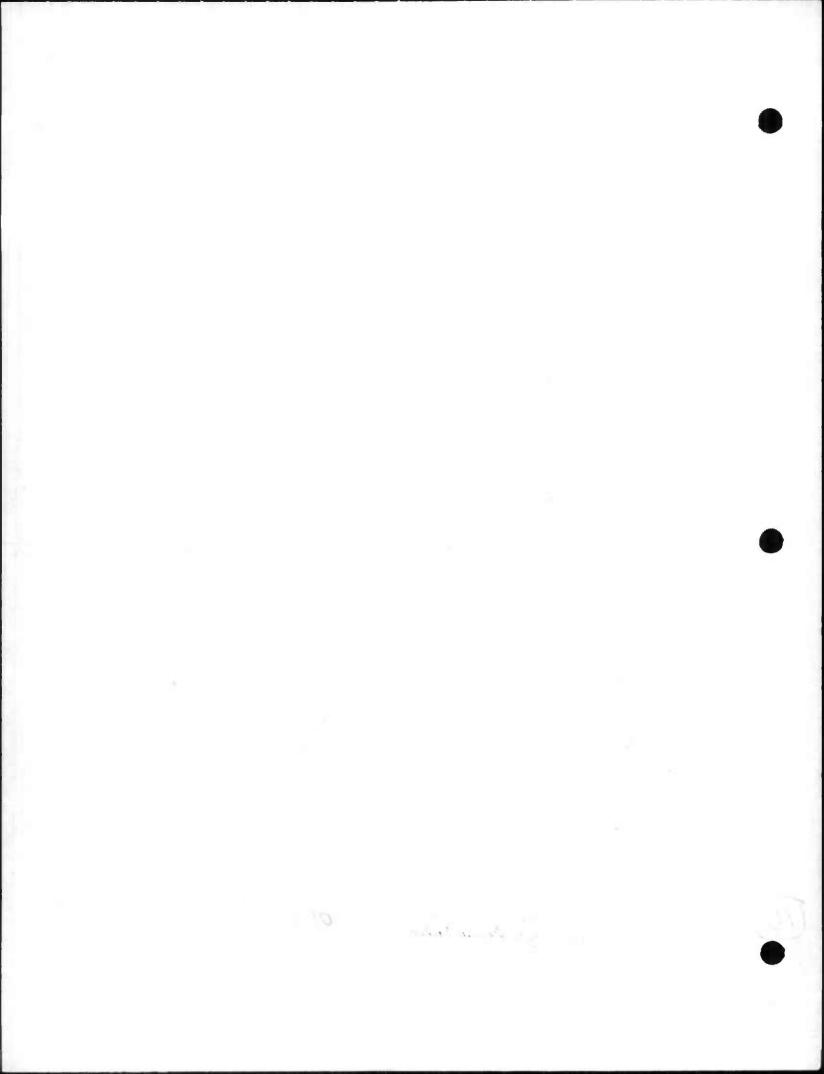
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

7	1 - STATE OF MAR		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest)  ROBERT L. REED JR.			2. DATE OF DEATH MONTH AUG - 27 - 1995	YEAR 12 15-AM						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A 251-78-7473 1 M 2 F  9a. FACILITY NAME (If not institution, give street and number)	47 YRS. MON		7. DATE OF BHITTH (Month, Day, Year) MAY 9-13948	8. BIRTHPLACE (State or Foreign Country) SOUTH CAROLIN						
TOR	L55 BROADCREEK DRIVE		T. WASHING TO		INCE GEORGES						
DIRECTOR	MARYLAND PRINCE GEORG	2.3	WN OR LOCATION  WASHINGTON		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	655 BROADCREEK DRIVE		101. ZIP CODE 20744		J • S • A •						
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EVIET FORCES? 1 No. 1	ES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 YES 2 N NO Specifi		14. RACE — American Indian, Black, White, etc. Specify: BLACK						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5+)		AL OCCUPATION done during most of working red.)  SUPERVISOR	16b. KIND OF BUSINESS/INC							
BE COM	17. FATHER'S NAME (First, Middle, Last)  ROBERT L. REED SR.	CONTROL	18. MOTHER'S NA	ME (First, Middle, Maiden Surname) UISE PEAY	MATI AUIH.						
6	190. INFORMANT'S NAME (Type/Print) LINDA REED			Poute Number, City or Yown, State, Zit ¬FT • WASHINGT							
	206. METHOD OF DISPOSITION  1 A Burlet 2 Cremetion 3 Removal from State  4 Donetion 5 Other (Specify)  206. PLACE AND DATE OF DISPOSITION (Name of Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Competence Compete										
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	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate Interval Between Onset and Death Hamiltonian Conset and Death Hamiltonian Conset and Death Hamiltonian Conset and Death Hamiltonian Conset and Death Hamiltonian Consequence OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
AL.	PART II. Other significant conditions contributing to deet	h but not resulting in the	e underlying cause given in	Part I. 24e. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL	OF DEATH YES [		v 🗆	1 TES 2 NO						
HYSICIAN: MEDIC	EXAMINER?  1 □ YES 2 NO 1 □ Inpetient 2 □ ER/0  27. MANNER OF DEATH 286. DATE OF INJU	Outpatient 3 DOA 4 D	HER: Nursing Home 5 Residence	8 Other (Specify)  28d. DESCRIBE HOW INJURY OC	CHRED						
8Y	Netural 5 Pending   Accident Investigation   28e. PLACE OF INJ.	URY — At home, farm, street.	WORK?  1 YES 2 NO	281, LOCATION (Street and Number							
TELED	4 Homicide determined			City or Town, State)							
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamin	ation and/or investigation, in	my opinion, death occured at the	time, date and place, and due to th	ne cause(s) end manner es stated.						
10 05	Morman Xuele	Morman Oleberman DO6682 Md > 8/29/95									
	31. DATE FILED (MONTH), Day, Your) AUG 31 1995	rand ma	230146								



ALTIMORE, MARYLAND 21215-0020

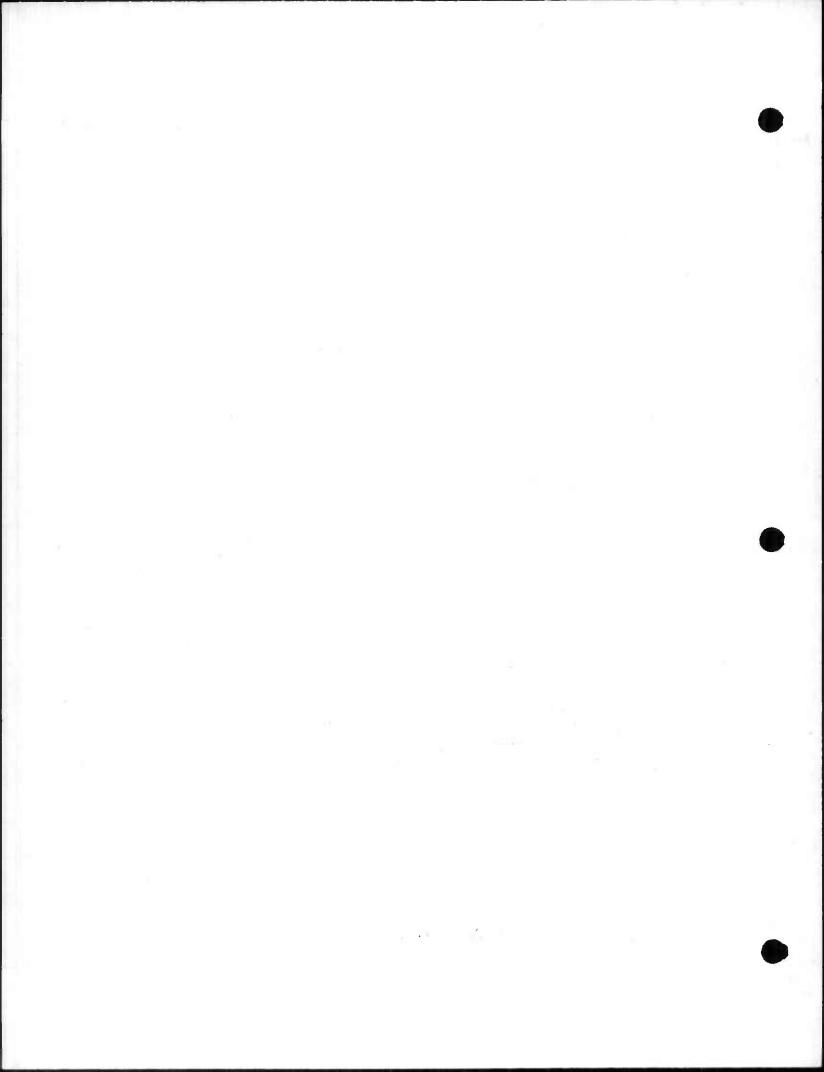
DIVISION OF VITAL

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should this State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	cal examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	7 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Control of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TIEGIOTIVIT			OLITIII	ICALI	_ 01	DEAL	111	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)  Robert  Local			Reid			2. DATE OF DEATH MONTH AUGUST 29			day 10	3. TIME OF DEATH 9:40A			
	1.0.0													
	579-38-6174   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \times \)   1 \( \tim			AGE (In yrs. lest birthday)		MONTHS DAYS		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	""		
	9e. FACILITY NAME (If not institution, give at	00	66 YRS.		9b. CITY, TOWN OF		211 05 05	Aug. 7,			hington, DC			
Œ	Doctor's Community Hospital						OH LOCATIO	ON OF DE	ATH		9c. COUNTY OF DEATH			
5	RESIDENCE OF DECEDENT					Lanham						Prince George's		
DIRECTOR	10a. STATE 10b. COUNTY	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY					
	Maryland Prince	New	Carı	roll	ton				LIMITS?					
AL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. C	TIZEN OF	WHAT COUNTRY?		
	6612 Ian Street				2	20784			U.S	.A.				
FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married	EVER IN U.S		13.	13. WAS DECENDENT OF HISPANI If yes, epecify_Cuben, Mexican			IC ORIGIN? (Specify	Yes or No-	14. RACI	E — American Indian, k, White, etc.			
ВХ	3 Widowed 4 Divorced	AR OR DATES		1 YES 2 NO Spe						Specify: White				
	16. DECEDENT'S EDUC	160	. DECEDENT'S	LISHAL O	CCLIDATIO	10N			2110111200111					
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of a	rork done during most of working			16b. KIND OF BUSINESS/INDU						
4	Cramentally (0-12)	2		ematolo	ov I	ab	Super	wise	or Washin	aton	Hoen	ital Center		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			6,7				NAME (First, Middle, Maiden Surneme)			TOBPICAL OCHICEL			
BE C	Rupert Leo Reid							ice I		,				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co-							(in Code)				
2	Freda M. Reid			6612 Ian Street, New Carrollton, Maryland								nd 20784		
	20e. METHOD OF DISPOSITION	and from Ctata		ACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, \$										
	4 Donation 8 Other (Specify)	Meti	ropoli	remaiory of other place) Crematory 09/01/95 Alex						kandria, Virginia				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	200	1/	NAME AN	AME AND ADDRESS OF FACILITY					D 4			
	Mealo	1_	Francis Gasch's Sons Funeral Home, P.A 4739 Baltimore Ave., Hyattsville, MD 20											
	23. PART I. Enter the diseases, or co	omplications that	caused the	death. Do r	at enter	tha mo	de of dyle	ng, such	as cardiac or re	spiratory a	rrest,	Approximata		
	shock, or heart failure. L IMMEDIATE CAUSE (Final	•										Interval Between Onset and Death		
	disease or condition reaulting in death)  a. Acute Muccardal Infanction  DUE TO (OR AS A CONSCOUNCE OF):										Thour			
	DUE TO (OR AS A CONSEQUENCE OF):													
Z.	Sequentially list conditions b.													
CERTIFICATION	If any, leading to immediate													
	CAUSE (Disease or Injury  CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):													
	that initiated events resulting in death) LAST	502 10 (	On AS A CON	13EOUENCE OF	·);									
S														
¥	PART II. Other aignificent conditions	deeth but n	ut not resulting in the underlying cause gi				iven in i	Part I, 24s. WAS	AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
EDICAL						1 NES 2					COMPLETION OF CAUSE OF DEATH?			
W.											1 TYES 2 NO			
ÿ	DID TOBACCO USE CONTR	IBUTE TO CAL					UNC	ERTAIN				4.4		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:													
S ∠		1 Inpetient 2			4 🗆 Nuri	ing Hom		sidence i	Other (Specify)					
	27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF I (Month, Da	y, Year)	26b. TIMI	URY	28c, INJI WO	RK?		28d. DESCRIBE HO	W INJURY O	CCURED			
≧	2 Accident Investigation	28e. PLACE OF	IM B IDV A	there to a			'ES 2 🗌	NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building,	nc. (Specify)	t nome, rerm, s	areet, ract	огу, опісі	1		28f. LOCATION (Str. City or Town, St	et and Numbe ete)	er or Rural F	Route Number,		
9	29e. CERTIFIER													
₽ ¥	(Check only one) 2 MEDICAL EXAMINED													
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and										and due to	d due to the cause(s) end manner es stated.			
띪	29b. SIGNATURE AND TITLE OF CERTIFIER	30000	1-1	w			29c. LICE	NSE NUM	BER	29d. DATE SIGNED (Month, Pay, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLS	OF DEATH	TEN AT (T	Orient			00	008/	1	5/2	7/95		
	MBERAND	re Are 107 College Park, and												
	31. DATE FILED (Month, Dey, Year)		'S SIGNATUR	Redall										
- 18	AUG 31 1995	1	4.											





TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

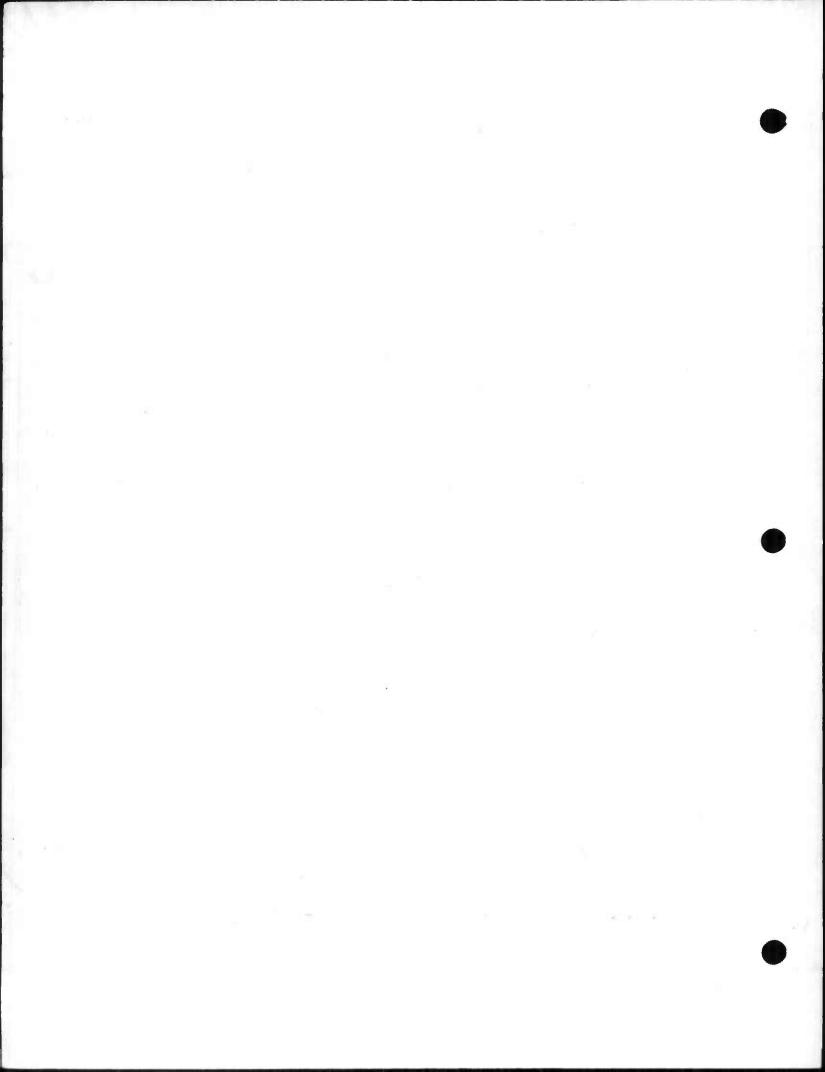
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

	REGISTRAR		CER	<b>FIFICA</b>	TE OF	DEATH	REG. NO	D.						
	1. DECEDENT'S NAME (First, Middle, Last) Robert	Edward		Ross			2. DATE OF DEATH AUGUST 2	T. 19	3. TIME OF OEATH					
DIRECTOR	4. SOCIAL SECURITY NUMBER 220-40-2950	5. SEX 6. AG	SE (In yrs. lest birth		IF UNDER 1 YEAR   IF UNDER 24 HIRS   7 DATE OF BUR		7. DATE OF BIRTH (Month, Day, Year) NOV. 18,1		6. BIRT	HPLACE (State or Foreig				
	9a. FACILITY NAME (If not institution, give a Doctors' Communit		- 1	anham	OR LOCATION OF D		9c. COUNTY OF DEATH Prince Geor							
	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y	100	c. CITY, TOW	N OR LOCA	TION		10d. INSIDE CITY						
2	Maryland Charl	Les		Wald	orf				LIMITS?					
FUNERAL	100. STREET AND NUMBER 10752 Cedarwood I				20601			S.A.	A.					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	R IN U.S. ARMED ES 2 NO R DATES		If yes, sp	ENDENT OF HISPA ecity Cuben, Maxic 2 NO Speci	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	es or No-	Blec	4. RACE — American Indian, Black, White, etc. Specify: White					
TO BE COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.)  Electrician			ON est of working	166. KIND OF BU	USINESS/INDUSTRY							
	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maider							
	R. Webster Ross Frances Wil								iams					
	19a. INFORMANT'S NAME (Type/Print) Pamela Ross						Aoute Number, City or To denton, Ma			21113				
	20e. METHOD OF DISPOSITION 1	Ob. PLACE AND D	LACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City											
	Metropolitan Crematory 8/24/95 Alexandria, Virginia  22. NAME AND ADDRESS OF FACILITY  Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, MD 20781													
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS  AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?													
ź	1 TYES 2 NO	HOSPITAL: 1 Onpatient 2 ER/Outpatient 3 000 OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)												
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		TIME OF 26c. INJURY AT WORK?  M 1 YES 2 NO			26d. DEŞCRIBE HOW INJURY OCCURED							
EIED	3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — Al home, fa	ırm, street, i	actory, offic		28I. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the beats of symmographic and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
ם פר	296. SIGNATURE AND TITLE OF CERTIFIER		CCZ MD23				TE SIGNED	SIGNED (Month, Day, Year)						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. M.K. Mohan 6504 Kenilworth Avenue Suite 200 Riverdale, MD 20737													
	31. DATE FILED (Month, Day, Year) AIIG 2.8 1995	32. REGISTRAR'S SIG	SNATURED LANGE		2000		tunce, mo	20.						





DIVISION OF VITAL RECORDS, P.O. BOX 68760

							OF	DEATH		REG. N	0.				
	1. DECEDENT'S NAME (First, Middle, Lest) Towallyn C. Rozetka									2. DATE OF DEATH AUGUST 21, 199			6:14A		
	4. SOCIAL SECURITY NUMBER 219-12-4601 5. SEX 8. AGE (in ) 1 □ M 2 ★ F 71				3. last birthday) IF UNDER 1 YEAR IF UNDER 24 HMS.  WONTHS DAYS HOURS MIN.					7. DATE OF BIRTH (Mogth, Day, Yagr) March 8, 1924 Virgini					
CTOR	DOCTORS C	9a. FACILITY NAME (If not institution, give street and number) DOCTORS COMMUNITY HOSPITAL RESIDENCE OF DECEDENT						AM	EATH	PRINCE					
DIREC	100. STATE Maryland	es	10c. CITY, TOWN OR LOCATION Hyattsville						100	INSIDE CITY LIMITS?					
FUNERAL	100. STREET AND NUMBER 5102 West Lanham Drive					2	101.	ZIP CODE 20704	10g. CITIZEN OF U.S.A						
8		11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES					NO If yes, specify Cuban, Mexican								
PLETED		EDENT'S EDUC y highest grade 0-12)			(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCU (Give kind of work done during the Do NOT use retired.) Taxi Dispat		during most of working		Blue Bird		ESS/INDUSTRY			
E COMPL	17. FATHER'S NAME (First, Middle, Lest)  Joseph Reese  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Joann Vaughn														
2	190. INFORMANT'S NAME (7) Kathy Rozet	196. MAILING 5102 W	b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Ste 5102 West Lanham Drive, Hyattsville, MD						State, Zip Code) 20704						
	20a, METHOD OF DISPOSITI 1		CE AND DATE OF DISPOSITION (Name of crematory or other place)					POC. LOCATION — City or Town, State							
22. NAME AND ADDRESS OF FACILITY Remoon/Hale Funeral Home 9013 Annapolis Road, Lanham, MD 20706															
IFICATION	23. PART I Enter the di ahock, or hi immediate CAUSE (Findisease or condition resulting in death)  Sequentially list conditi if any, leading to immediates. Enter UNDERLYI CAUSE (Disease or injuit that initiated events	dona, diate	SEPTI DUE TO DUE TO	CEM OR AS A COL	IA NSEQUENCE O	F): VARY F):		TERLY D			piratory arrea	t,	Approximata Interval Batwe Onset and De		
CEMIN	PART II. Other algnifica		contributing to death but not resulting in the underlying cause given in						Part I.	PERFORMED?		AV	RE AUTOPSY FINDING		
4				EATH YES INO IN UNCERTAIN					1 □ YES 2 TYNO		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
	DID TOBACCO U	SE CONTR	BUTE TO CA	USE OF D	EATH YE	S I NO	) IN	LINE FRIAII							
SICIAN:	DID TOBACCO U: 25. WAS CASE REFERRED TO EXAMINER? 1  YES 2 NO		HOSPITAL:	26. f	LACE OF DEA	TH (Check only OTHER:	one)			or (Specific)					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5			26. f ER/Outpatier INJURY	A 3 DOA	OTHER: 4 Nursing DE OF 286	Home	5 🗆 Residence	6 🗆 Oth		INJURY OCCUP	RED			
TED BY PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 1 1 2 Accident 1 3 Suicide 6 0	O MEDICAL Pending	HOSPITAL: 1 X Inpatient 2 (28a, DATE OF (Month, Date of (Month, Date of (Month)))	26. f ER/Outpatier INJURY ny, Year)	PLACE OF DEA 13 DOA 26b. TIM	OTHER: 4   Numing DE OF 286 URY M T	Home INJU	5 🗆 Rasidenca	6  Oth	SCRIBE HOW	and Number or		e Number,		
OMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Mourai 5 1  2 Accident  3 Suicide 6 6  4 Homicide  29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	HOSPITAL: 1% Inpatient 2 2 28a. DATE OF (Month, Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date o	26. f ER/Outpatier INJURY y, Year)  F INJURY — A atc. (Specify)	PLACE OF DEA  3 DOA  26b. TIM IN.  at home, farm,	OTHER: 4 Nursing BE OF UNITY M 1 street, fectory,	one) Home INJU WOF YOU office	5  Residence JRY AT RK7 ES 2 NO	6 Oth 26d, DE 26f, LOI City	CATION (Street or Town, State	and Number or a)	Rural Rout	e Number, ad manner aa stated.		
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 1 2 Accident 3 Suicide 6 6 4 Homicide  29a. CERTIFIER (Check only one) 2 MEOI	Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINES	HOSPITAL: 1) Impatient 2  28a. DATE OF (Month, Date of Month, Date of Month) 28a. PLACE Ol building, 28a. PLACE Ol building, 28a. PLACE Ol building, 28a. PLACE Ol building, 28a. PLACE Ol building, 28a. PLACE Ol building,	26. F ER/Outpatier INJURY INJURY INJURY — A stc. (Specify) Iny knowledge amination and	PLACE OF DEA  1 3 DOA  28b. TIM IN.  1 home, farm,  1 dor investigation	OTHER: 4 Nursing E OF 286 Juny M 1 street, factory, ed at the time, on, in my opinis	one) Home INJU WOF YOU office	o 5  Rasidenca  JRY AT  NK?  ES 2 NO  and placa, and dua  ath occured at the  29c. LICENSE NUR	6 Oth 26d. DE 26f. LOG City to the cat	SCRIBE HOW CATION (Street or Town, State use(a) and m	and Number or sponsored anner as stated.	Rural Rout	od manner as stated.		
E COMPLETED BY PHY	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 MANNER OF DEATH  1 MANNER OF DEATH  2 Accident  3 Suicide 6 6 4 Homicide  298. CERTIFIER (Check only orne)  2 MEDICAL	Pending Investigation Could not be determined IFYING PHYSIC CAL EXAMINEF OF CERTIFIER PERSON WHC	HOSPITAL: 1) Impatient 2  28a. DATE OF (Month, Date of Month, Date of Month) 28a. PLACE Ol building, 28a. PLACE Ol building, 28a. PLACE Ol building, 28a. PLACE Ol building, 28a. PLACE Ol building, 28a. PLACE Ol building,	26. F ER/Outpatier INJURY y, Year) F INJURY — A stc. (Specify) my knowledge amination and	PLACE OF DEA  1 3 DOA  26b. TIM  1 IN.  1 home, farm,  1 death occurr  2 for investigation  (ITEM 27) (Type)	OTHER:  4 Nursing E OF 286 URY M 1 street, factory, ed at the time, on, in my opinis	One) Home E. INJU WOF Office data a	5 Residence TRACT RES 2 NO  and place, and due	6 Oth 26d. DE 26f. LOG City to the cat	SCRIBE HOW CATION (Street or Town, State use(a) and m	and Number or sponsored anner as stated.	Rural Rout	od manner as stated		

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

ician.	al-transit permit. Pages		
spital or attending phys	ed for use as the buri		
/ be retained by the ho	age 5 should be detact		be notified at once
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z- hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	noval.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
scuted within 25 hours	nd completely filled in b	burial, cremation, or rer	rtic event, the medi
death certificate be ex	e attending physician a	ental Hygiene prior to	ary, or other trauma
e law requires that the	has been signed by th	Dept. of Health and N	1 23 shows any inju
INDING PHYSICIAN: Th	R: After this certificate	er death with the State	is marked, or item
IE HOSPITAL OR ATTI	IE FUNERAL DIRECTO	of within 72 hours aft	DRTANT: If Item 28
T OT	10	be file	IMP

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) WILLIAM ROY 2. DATE OF DEATN RICHARDSON 3. TIME OF DEATN ICHARDSON ILLIAM 995 Sept. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) 4/19/1909 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) 215-18-6737 1 X M 2 - F 86 Carolina N. 9a. FACILITY NAME (If not institution, give atra 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR CITIZENS NULL NUKSING HOME HAURE DE GRACE, MD HARFORD 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY Harford Maryland Bel Air 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2213 Millers Lane 21014 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify Caucasian ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp College (1-4 or 5+) COMPL Foreman County Highways 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Richardson Emory Elmore Martha BE Ellen Absher 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21084 2 Nancy A. Sharon Rd. Jarrettsville, Md. 20a METNOD OF DISPOSITION
1 ABurlal 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata ir Mem. Be 19/6 4 Donation 6 Other (Specify) Gardens Bel Air. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Kurtz Funeral Home Jarrettsville, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximats** ahock, or heart fallure. List only one cause of each list Interval Betw IMMEDIATE CAUSE (Final Onset and Death alpasitne disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR A ON cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a, WAS AN AUTOPSY 1 TYPS 2 NO Monte OF DEATH? DURAGO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗌 NO 🗀 UNCERTAINX 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) HOSPITAL: 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA Nursing Name 6 - Residence 6 - Other (Specify) 27. MANNER OF BEATN 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the filme, date end place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day Year) BE 0 31 2 WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pytr

M

72. REGISTION'S SIGNATURE

. . . • •

# hours after death. Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)		02:11:11:10/	TIE OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	y Qranda	Sheree	ROYAL			AUGUST 2	9 199 F	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF U	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 81	RTHPLACE (State or Foreign
	216-90-6918  9a. FACILITY NAME (If not institution, give s	1 M 2 F	25 YRS.	CITY, TOWN C	HOURS MIN.	10-10-1969		aryland
	PENINSULA REGI			SALIS				OMICO
	RESIDENCE OF DECEDENT							
	10a. STATE 10b. COUNT			WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Maryland Wic	omico	Salis	sbury	ZIP CODE		Las ortizen	1× YES 2 NO
		D.:		101				
	1127 Bryn Mawr	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DEC	21801	IIC ORIGIN? (Specify Yes	USA or No 14. F	ACE American Indian,
-	t 🔀 Never Married 2 🗌 Married	FORCES? 1 YES	2 NO	If yes, sp		n, Puarlo Rican, etc.)		llack, White, atc.
i	3 Wildowed 4 Divorced				a (t) Hb opoon			ican American
1	15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USU (Give kind of work	done during mo	ON st of working	18b. KIND OF BU	SINESS/INDUSTR	Y
i	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use ret	fred.)	•			1000
	12th grade		shampoo	girl		Beauty		
3	17. FATHER'S NAME (First, Middle, Last)				1.11	ME (First, Middle, Malden		
7	William Royal  19a. INFORMANT'S NAME (Type/Print)		105 11411 1110 400	DECC (04		ene Dashiel Route Number, City or Tow		
)	Marlene Royal					House Number, City or low	n, State, zip Gode	,
	20a, METHOD OF DISPOSITION	20	same a			OATE 20c, LO	CATION City of	r Town, State
	1 X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novel from State	metery, crematory or other porces	elene)				
	21. SIGNATURE OF FUNERAL SERVICE LI		oreen recres	22. NAME AI	D ADDRESS OF FA	скиту 1213 Је	rsev Ro	ad - Salisbury
	* 1) 1/-	11 Chil	lass					
=	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not			al Chapels		Approximate
	shock, or heart fallura.	List Dnly on chuse on				.,	,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine)	0.1.	11-0-1-0	20-60	lie 10.	aplication	C.	Oliset and Death
	resulting in death)	a. Pulmanura	R SONSEQUENCE OF):	WINSU	40 601	np good in	<del>)</del>	
		·	bromatosi					
	Sequentially list conditions, if any, leading to immediate	W	A CONSEQUENCE OF):					
5	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
	that initiated events resulting in death) LAST	DUE TO (DR AS	A CONSEDUENCE DF):					
;	resulting in death) CAST	d						
4	PART II. Other aignificant condition	ne contributing to death	but not reaulting in th	ne underlyin	g cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
						1 PES		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
								1 YES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CAUSE (	OF DEATH YES	□ NO □	UNCERTAI	N 🗆		
I SICIAIN. IMEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C			1		
5	1XXES 2 NO	HOSPITAL: 1 Inpetiant X X ER/Out	tpatient 3 DOA 4	THER:  Nursing Hom	e 5 🗆 Realdence	6 Other (Specify)		
	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	26c. IN.	IURY AT	28d. DESCRIBE HOW	INJURY OCCURE	D
	1 Natural 5 Pending 2 Accident Investigation				YES 2 ND			
	3 Suicide 6 Could not be 4 Hornicide determined	26a. PLACE OF INJUR building, etc. (Sp	IY — At home, term, stree ecify)	it, tactory, offic	à	28t. LOCATION (Street City or Town, State		ral Route Number,
- 1		1					so selis	
3 1	29a. CERTIFIER	MOVAN. To she have ad any long	today double assumed to		and store and it			
THE PER	(Check only 1 CERTIFYING PHTS	SICIAN: To the best of my kno						use(s) and manner as stated.
)	(Check only 1 CERTIFYING PHTS	IER: Dn the basis of examinati				time, date and place, a	nd due to the cau	use(s) and manner as stated.
7	(Check only one) 2 XEDICAL EXAMIN	IER: Dn the basis of examinati			leath occured at the	time, date and place, a	29d. DATE SIG	NEO (Month, Day, Year)
7	(Check only one) 2 XEDICAL EXAMIN	IER: Dn the basis of examinett	on end/or investigation, in	n my opinion, o	leath occured at the	time, date and place, a	29d. DATE SIG	
IO DE COMPLE	(Check only one) 2 X MEDICAL EXAMIN 29b. SIGNATURE AND LITLE OF SEPTIFIE 30. NAME AND ADDRESS OF PERSON W	ER: Dn the basic of examinate	on end/or investigation, is  EATH (ITEM 27) (Type, Pris	n my opinion, (	29c. LICENSE NU	e time, date and place, a MBER	29d. DATE SIG	UST 30,1995

1	-		S		P T/ 3/(		R	A
	1. 1	DI	EC	EC	E	٧T	'S	h
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	***************************************		-		IVALL	. 01	DEAIL		MEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
	MYRTLE MARIE SWI	EENEY						AUG			95	8:12 A
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN		_	PLACE (State or Foreign	
	578-34-3021	87	YRS.	MONTHS	DAYS	HOURS MIN.	(Mont	h. Dev. Year)	1908	Country		
	ea. FACILITY NAME (If not institution, give s	1 M 2 F			9h CITY	TOWAY C	OR LOCATION OF D		11 209.		NTY OF D	
Œ	Williamsport N		Jomo									
2	RESIDENCE OF DECEDENT	ursing i	101116		WI	LLL.	iamspor	L		W	asnı	ngton
EC	10a. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN O	R LOCAT	ION					10d, INSIDE CITY
DIRECTOR		shington	n		Wi	11:	iamspor	t				LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	119 E. Potomac	Street					217	95		U.	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT			13. V	AS DEC	ENDENT OF HISPA	NIC ORIGI	17 (Specify Yes	or No-	14. RACE	- American Indian,
ВУ Р	1 Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WA		NO			ecify Cuben, Mexico 2X NO Specif		Rican, atc.)		Specif	, White, etc.
	3 X Widowed 4 Divorced										- Cp-Ccir	White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPRISED OF			USUAL OC			168	. KIND OF BUS	INESS/INC	USTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	- Illin	Do NOT us	vork done d retired.)	unng mo	st of working					
교	12			ecre	tary	7			Me	dica	a ]	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					-	16. MOTHER'S NA	ME (First				
	Charles	Holmes					Myrtl		Dur			
BE	19a. INFORMANT'S NAME (Type/Print)		10.	b. MAIL INC	ADDRESS	(Strant -	nd Number or Rural				Corte	22206
2	Marie S. Gra	VAS										
		V C 3					t St. A					
	1 X Buriel 2 Cremation 3 Rem	20a. METHOD OF DISPOSITION  1 (X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetary or either place) Cedar Hill Cemetery  9/5 Suitland. Maryland										
	4 Donation 5 Other (Specify)		Ledan	c Hil				9/5		tland	d, Ma	aryland
- 8	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	10		22. N	AME AN	N. Mini	CILITY	305	N Po	toms	c Street
	selatal.	1 Jum	CIA				1 Home	11011				Maryland
	23. PART I. Enter the diseases, or o	omplications that	caused the de	ath. Do r				h as can	tiage	LS LO	VLI 1	Approximate
	shock, or heart fellure. List only one cause on each line.										interval Between	
	disease or condition  ACUTE CEREBRAL INFARCT									Onset and Death		
	resulting in death)											MINUTES
. 1		DUE TO (	OR AS A CONSE	DUENCE O	7):							
Z	Sequentially list conditions,	h										
ĔΙ	if any, leading to immediate	DUE TO (	OR AS A CONSE	DUENCE OF	ን:							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
ĖΙ	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEC	DUENCE OF	ን:							
<b>E</b>	resulting in death) Exs	d										
	PART II. Other significant condition	a contributing to d	leeth hut not r	eeulting.	n the unc	lachdae	v course shires in	Dord I	24a, WAS AN		T	
ੋਂ	ALZHEIMER'S DI	CEACE	TOUR DUT HOU	asoning	ii the one	Jony	cause given in	Part I.	PERFOR		240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL		DLADE							1   YES 2	NO NO		COMPLETION DF CAUSE OF DEATH?
M												1 _ YES 2 _ NO
	DID TOBACCO USE CONTR	RIBUTE TO CAU	JSE OF DEA	TH YE	SIN	10 🛚	UNCERTAI	N 🗆				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLAC	E OF DEAT	'N (Check o							
S	1 TES 2 ANO	HOSPITAL: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3	□ DOA	OTHER	: Ing Hom	e 5 🗆 Residence	6 Cth	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF I	NJURY	26b. TIM	E OF	28c. INJ	URY AT		CRIBE HOW IN	JURY OCC	URED	
	1XXNetural 5 Pending	(Month, Day	( rear)	INJ	URY	WO	FIK?					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At ho	me, ferm.	treet, facto			281 1.00	ATION (Street a	nd Number	or Burel D	nuta Mumbas
입	4 Homicide 8 Could not be	building, a	tc. (Specify)	,, .		ry, ome			or Town, State)	na Namber	or nurer n	oute number,
m	29a. CERTIFIER							L				
릴	(Check only											
COMPLETED	2 MEDICAL EXAMINE	R: On the beels of exe	mination end/or i	Investigatio	n, In my op	inion, d	eath occured at the	time, date	and place, and	due to th	e cause(a)	and menner ea stated.
S I	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE NU	MBER		29d DATI	SIGNED	(Month, Day, Year)
0	MADULA 161						D3370					29, 1995
임	30. HAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH /ITE	M 27) /Time	Print)		וככע	,,,		AU	0001	27, 1995
			,		,	T T T	AMGDODE.	100				
	31. SEP-ED (MTh. 1995) Ja	154 N. AR	IIIZAN S	TREE	I, W]	٢٦٦٦	AMSPORT,	MD	21795			

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 15 hours after death. Page 5 may be retained by the hospital or attending physician.

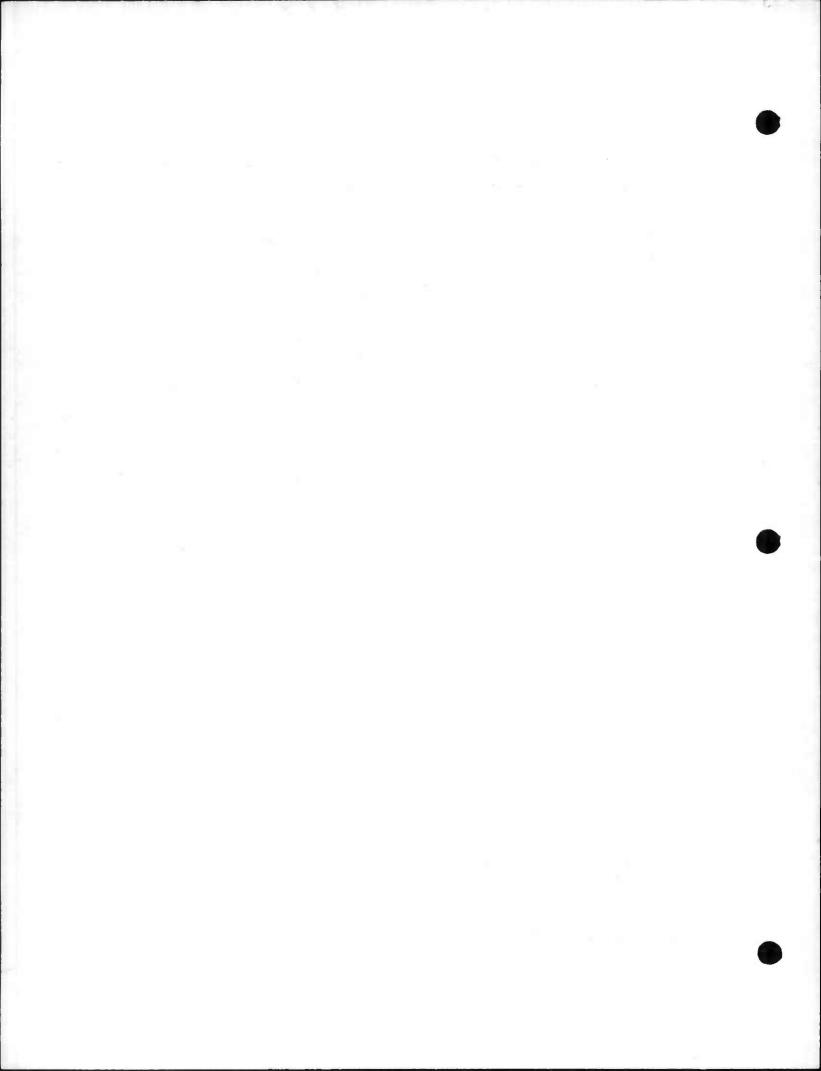
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Edward W. Ditto,

31. DATE FILED (Month, Day, Year)
AUG 3 0

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM ET) (Type, Print)

M.D.

III,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the normal director, page 5 may be retained by the hospital or attending physician.

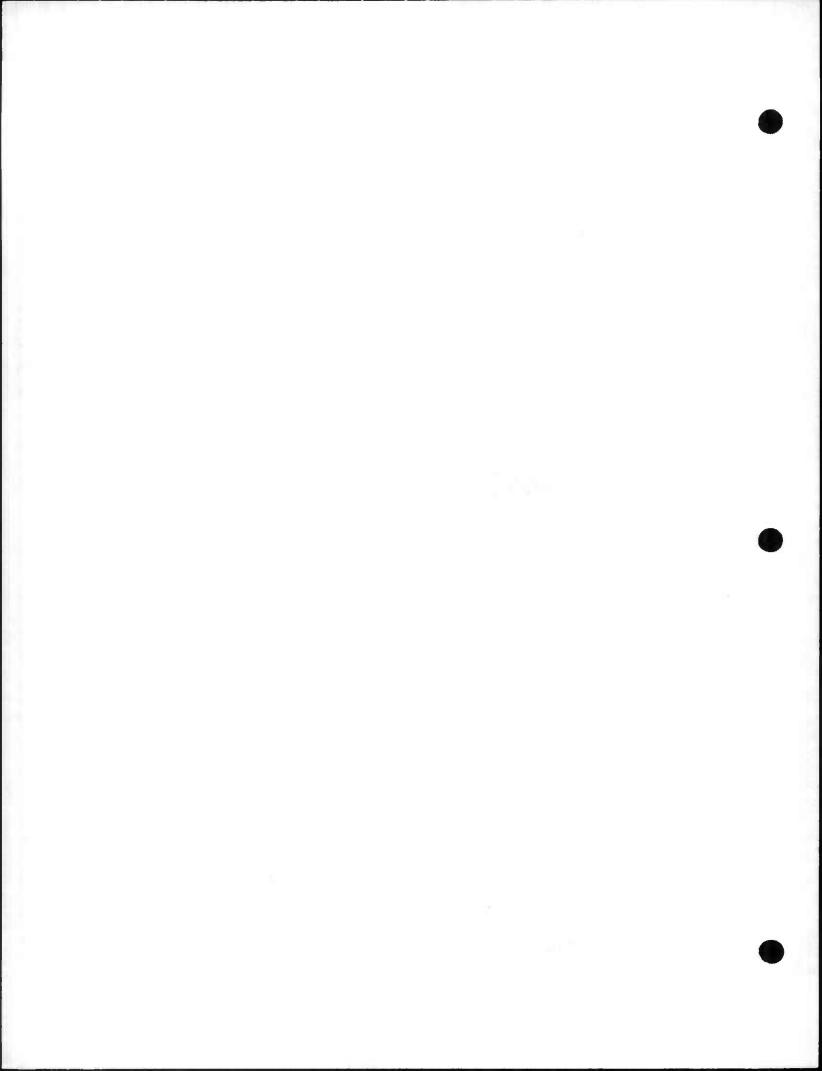
TO THE RUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitied at once.

												) (	0614
	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	TMEN ICAT	T OF H	HEALTH DEAT	AND	MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O			3.	TIME OF DEATH
	VESTA BEI	LL S	TARTZM	AN					Augu		7 19	YEAR 9.5	1:02 Pm
'	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)		H 1 YEAR	IF UNDER		7. DATE O	BIRTH		8. BIRTHPLA	CE (State or Foreign
	235-28-3178	1 🗌 M 2 📆 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Ybar)	1913	Gountry)	t Virginia
	9e. FACILITY NAME (If not institution, give	atreet and number)			9b. CIT	Y, TOWN (	OR LOCATIO	ON OF D		_ 50,		NTY OF DEAT	
DIRECTOR	Washington Count	y Hospita	1			Hag	ersto	own			Wa	shing	ton
EC	10a. STATE 10b. COUNT	ΓY		10c. CIT	Y, TOWN	OR LOCAT	TION					100	I. INSIDE CITY
1 15	Maryland Wash	ington			H	ager	stown	,					LIMITS?
	10a. STREET AND NUMBER						. ZIP CODE	_			100 CIT	ZEN OF WHAT	
FUNERAL	727 Washington A	venue				"		- -740			log. Carr		COONTRIT
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II S AD	MED	140	WAS DEC					1	USA	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 XI			If yes, sp	ecity Cuba 2 A NO	n, Mexica	NIC ORIGIN? in, Puerto Ric ly:	(Specify Ye	a or No—	Black, Wi Specify: Whit	American Indian, ille, etc.
8	15. DECEDENT'S EDI (Specify only highest grad		16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON		16b. I	IND OF BU	SINESS/IND	DUSTRY	
E I	Elementary/Secondary (0-12)	College (1-4 or 5 a		Do NOT us	work done se retired.)	auring ma	est of workin	g					
1P	6	0	h	ousek	ceepi	ing				ho	spita	1	
BE COMPLET	17. FATHER'S NAME (First, Middle, Last)  James Barthlow								ME (First, Mic	fdia, Maiden	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) Genevieve Eaton		191	426	ADDRES	s (Street a	nd Number	or Rural	Route Number	City or Tow	m, State, Zip.	21740	)
	20a. METHOD OF DISPOSITION  11© Burlal 2 Cremation 3 Rer  4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE / cemetery, cre	metory or o	ther olecel			8_1	DATE	111		City or Town,	
	21. SIONATURE OF FUNERAL SERVICE L	ICENSEE	- Ducie	21 5			ND ADDRES			mai	LIHSD	urg, v	. va.
	150.24	MM.	1001	. []	M)	INNI	CH FU	NER	AL HON	Œ			
	OCEN!	1/100	NULLE	1	_ 41	15 E.	. Wil	son	Blvd.	, Ha	gerst	own, N	Id.21740
	23. PART i. Enter the diseeses, or shock, or heart failure.	List only one car	t caused the de	eth. Do r	not enter	r the mo	de of dyl	ng, suc	h aa cerdie	c or reap	iratory an	reat,	Approximate
	IMMEDIATE CAUSE (Fine)	Liet only one cou	as on seci inte	•								į	interval Between Onset and Death
	disease or condition resulting in death)	Pulmona	arv Embo	lism								i	est 30 m
	roading in death)		(OR AS A CONSE						-				est Jo III.
Z		h											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	C											
트	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
ᇤ	resulting in death) LAST	d											
_	DART II Oak a destilana a salai												
PHYSICIAN: MEDICAL	PART II. Other aignificent condition					nderiying	g cause g	iven in	Part i. 2	4a. WAS AN PERFOR			NE AUTOPSY FINDINGS
ä	Fracture Pelvis	- Left (	Obturato	r Ri	ng					YES :	XXVO		IPLETION OF CAUSE DEATH?
ME													YES 2 NO
=	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	s 🗆	NO X	X UNC	ERTAIN	νП				
Y	25. WAS CASE REFERRED TO MEDICAL			E OF DEAT									
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE			aldenne	a 🗆 ou	2			
Ξ	27. MANNER OF DEATH	28a. DATE OF		28b. TIM	_	28c. INJ		sidence	6 Other (		N HIPY OC	CUREO	
	1 Natural 5 Pending	July 25		5:00	URY	1 🗆 1	RK?	t NO					
BY	2 Accident Investigation 3 Suicide 8 Could set be		F INJURY — At ho				232	Į NO	Fell g			or Rural Route	Name of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o
<u>n</u>	4 Homicide 8 Could not be	building,	etc. (Specify)						City or	Town, State,			
Щ	29a. CERTIFIER		Nursing H							_		Hagerst	own, MD
COMPLETED	(Check only	ICIAN: To the beat of	my knowledge, de	eth occurre	d at the t	lima, data	and place,	and dua	to the cause	(a) and ma	nner as atat	ed.	
Ö	one) 2 XXMEDICAL EXAMIN	ER: On the beals of a	amination and/or i	nveatigatio	n, In my o	opinion, d	eath occur	ed at the	time, data as	d place, ar	d due to th	e cause(a) and	manner as stated.
EC	Mb. BIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	NSE NUA	MBER		29d. DATI	E SIGNED (Mor	oth, Day, Year)
00	2 du 8 10	2 9 .8/	A 7 17 \					01062					
유	NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	000	-			I)	01002			Hug	ust 29,	כפפו

217 W. Washington St. Hagerstown, MD

21740



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 OR ATTENDING PHYSICIAN: The law DHECTOR: After this certificate has bhours after death with the State Dept.

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	permit.		
physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Ps		
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ures that the death cerundate be executed within 24 hours after death. Page 6 may be ratained by the hospital or attending physician	detached for		
3	20		
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age 6 n	director		
seam. P	funeral		
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2	2	27.00	į
4	filed	'n.	ì
WITHER	pletely	Health and Mental Hygiene prior to burial, cremation, or removal,	
9	00	<u>e</u>	
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Incare	physic	ene pri	
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95 28275 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1 DECEDENT'S NAME (First Middle Leet) 2. DATE OF DEATH 3. TIME OF DEATH 1995 AUGUST HESTER VIOLA STEVENS 2:30 A M 4. SOCIAL SECURITY HUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Ybar) Jan. 5,1920 75 1 M 2 F 214-34-9443 Maryland 9a. FACILITY HAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Williamsport Nursing Home DIRECTOR Williampsort Washington RESIDENCE OF DECEDENT toa. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Boonsboro t ☐ YES 2 X HO 10e. STREET AHD NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 18540 Lappans Road 21713 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ HO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) RACE — American Indian, Black, White, alc. 1 Never Married 2 K Married 1 YES 2 HO Specify: В Specify: 3 Widowed 4 Divorced white COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Given kind of work done during most of working 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only h Bive kind of work done

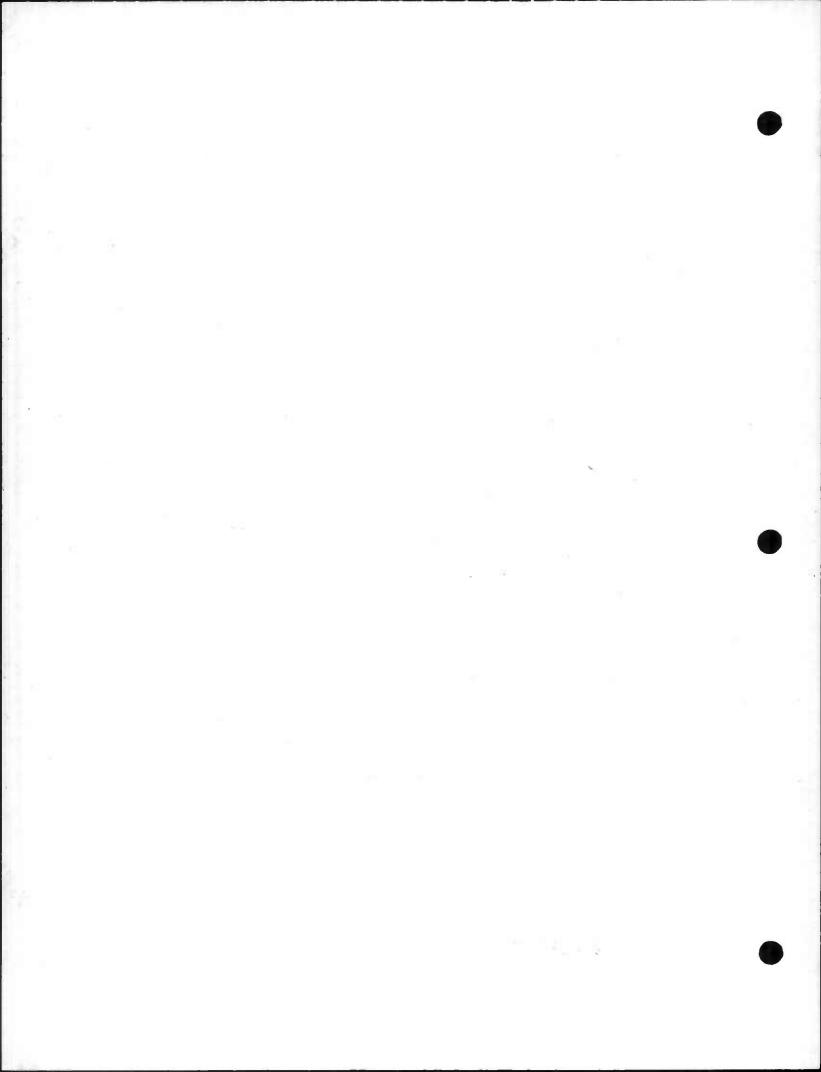
Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 0 - 4assembly chemical plant 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) George B. Blair Ħ Laura Helen Daury BE notified 19a. IHFORMAHT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Mrs. Darlene A. Deneen 3011 Spur Road, Martinsburg, West Virginia 25401 9 20a, METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE must Ringgold Church of Christ \$-30-95 Hagerstown, Maryland 4 Donation 8 Other (Specify) examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 1 415 East Wilson Blvd., Hagerstown, MD 21740 Co medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** 鲁 disease or condition_ resulting in death) RENAL FAILURE DAYS event, DUE TO (OR AS A CONSEQUENCE OF): DEHYDRATION DAYS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING MALNUTRITION YEARS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST DEPRESSION YEARS 6 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? MEDICAL 24a. WAS AN AUTOPSY HYPOTHYROIDISM, HYPERTENSION, QUADRIPLEGIA DUE TO any 1 TES 2 X NO shows CERVICAL SPONDYLOSIS 1 YES 2 HO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 - YES 2 X NO Inpatient 2 - ER/Outpatient 3 - DOA XNursing Home 5 - Residence 8 - Other (Specify) 6 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Heturel 5 Pending M 1 YES 2 HO BY 2 Accident 28a. PLACE OF IHJURY — At home, larm, atreet, factory, offica building, atc. (Specify) 69 3 Sulcide 281. LOCATIOH (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 28 t 🔀 CERTIFYING PHYSICIAM: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h (Check only one) 2 MEDICAL EXAMIHER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE

CENTIFIER 29c. LICENSE HUMBER 29d. DATE SIGHED (Month, Day, Year) AUGUST 27, 1995 D 33700

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TED E. HOWE 154 N. ARTIZAN STREET, WILLIAMSPORT, MD 21795 31. DATE FILED (Month, Day, Year)

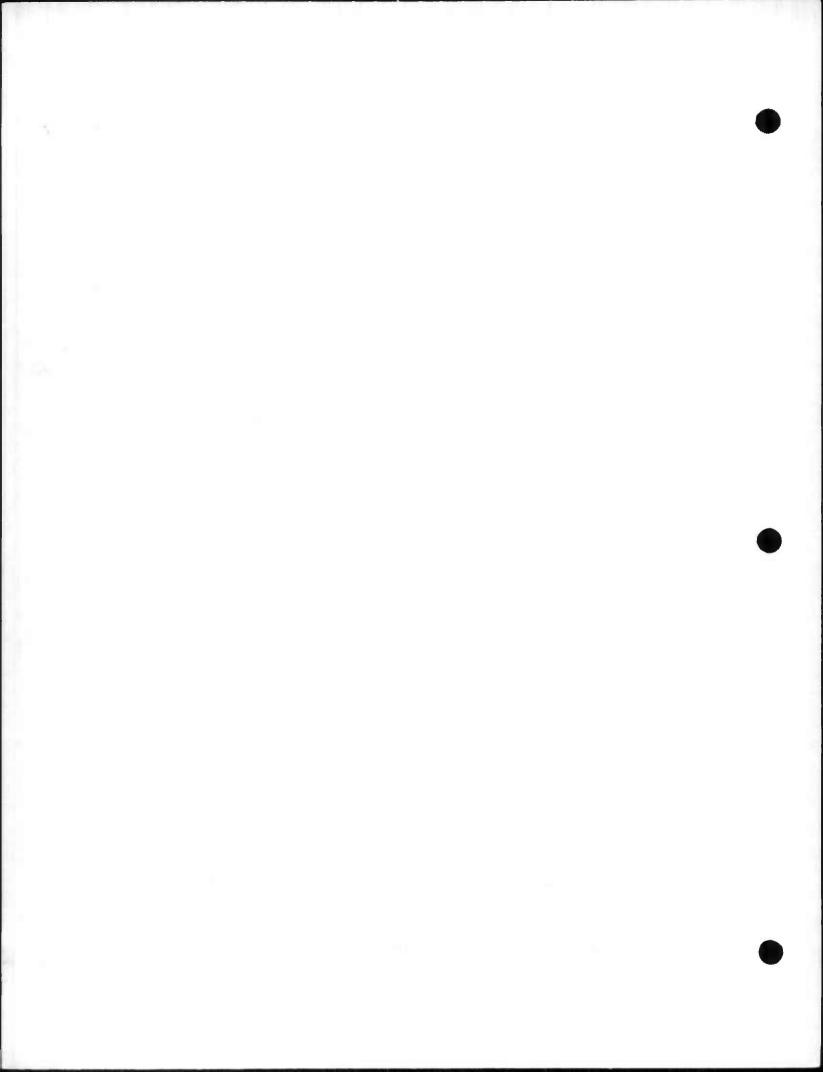
32. REGISTRAR'S SIGNATURE



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BE 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Mary Louise Schoppert 12:34 August 28, 1995 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign (Month, Day, Yeal Oct. 28, 219-20-0011 1 M 2 TE 82 YRS. Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 16736 Virginia Avenue DIRECTOR Williamsport Washington RESIDENCE OF DECEDENT 10e. STATE 10b COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington permit. Williamsport 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16736 Virginia Avenue and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 21795 USA Page 6 may be retained by the hospital or attending physician. 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuba BY Specify: 3 🔯 Widowed 4 📋 Divorced white 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe nentary/Secondary (0-12) College (1-4 or 5 +) 10 cashier drug store 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Lloyd Daniel Stone notified at Margaret C. Dixon BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dana L. Schoppert 502 Summit Avenue, Hagerstown, Md. 21740 9 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Yown, State DATE must Burlel 2 Cremation 3 Rem Rose Hill Cemetery 4 Donetion 5 Other (Specify) 8-30-95 Hagerstown, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. MINNICH FUNERAL HOME Unne 415 E.Wilson Blvd., Hagerstown, Md. 21740 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haert tellure. List only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death the cremation. disease or condition DUE TO (OR AS A CONSEQUENCE OF): ceks resulting in death) other traumatic event, patriced Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician Mental Hygiene prior to It any, leading to immediate cause. Enter UNDERLYING the death certificate be **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente reaulting in death) LAST 6 any injury, PART II. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS signed by the brovosc ulan AVAILABLE PRIOR TO requires that COMPLETION OF CAUSE OF DEATH? 2 1 YES 2 NO certificate has been in the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | PHYSICIAN: UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem The OTHER: 1 YES 2 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY with L 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY After ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 69 DIRECTOR: / 8 Could not be COMPLETED 28 4 Homicide 8 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: viedge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. THE HOSPITAL ( THE FUNERAL C filed within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 MEDICAL EXAMINER: Or rivestigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND JULE OF CERTIFIER BE 29d, DATE SIGNED (Morith, Day Year) 2



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIRECTOR

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PHYSICIAN: MEDICAL CERTIFICATION

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COMPLETED

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31. DATE FILED (Month, Day, Year)

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH SHARLEEN LEAH **STAUDT** 5:40 a September 199 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTNPLACE (State or Foreign JANUARY 18, 287-20-0031 DAYS 1 M 2 X XF 77 OHIO 1918 9a. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Southern Maryland Hospital Center Clinton Prince Georges RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYL AND **CHARLES** WALDORF 1 YES 2 XNO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12041 ELL LANE, APARTMENT #102 20602 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 1 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 3 X Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Sn) (Give kind of work done ille. Do NOT use retired.) HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) JOSEPH KNODER BESSIE FOSTER 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY V. KNOELL 5 THALES WAY, STERLING, VIRGINIA 20165 20e. METHOD OF DISPOSITION
1 Duriel 2 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State HUNTT"CREMATORY SEPTEMBER 4, 1995 WALDORF, MARYLAND 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE THE HUNTT FUNERAL HOME, INC. MARK G. BROHAWN Suce M00053 P.O.BOX 156, WALDORF, MARYLAND 20604 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feliure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CARDIOVASCULAR DISEASE Sequentially list conditions, if any, leading to immediate MONARY DISEASE cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 24s. WAS AN AUTOPSY DOTHY ROIDISM 1 TES 2 NO MELLITUS 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUPED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner es stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ea stated. 29b. SIGNATURE NO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month. Day m Dtaco ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE
Julia d'Audion Randall

1 - FOR STATE REGISTRAR

BALTIMORE MARYI AND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

		James (h/x	Estopher	Sawy	el		MONTH DEATH D	6,199	3. TIME OF DEATH	
Pir		4. SOCIAL SECURITY NUMBER 262 46 7392	5. SEX # 6. AGE (In	7 YRS.	IF UNDER 1 YE.	YS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 12-24-24	C	HTHPLACE (State or Foreign buntry)	
l, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give s 6428 L STREET RESIDENCE OF DECEDENT	itreet and number)			OL HEIGH		PRINC	E GEORGES	
physician. burial-transit permit. Pages 1,	DIRECTOR	MARYLAND. PRIN			TOWN OR LO	HEIGHTS			10d. INSIDE CITY LIMITS?  1 V YES 2 NO	
sit pem	FUNERAL	104. STREET AND NUMBER  6428 L STREET  107. ZIP CODE  109. CITIZEN OF WHAT  U.S.A.								
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 <b>HO</b>	ARMED 13. WAS DECENDENT OF HISPANIC ORIGINS (Specify Ves or No.				ACE — American Indian, Ilack, Whita, etc. Specify: BLACK	
hospital or attending ached for use as the	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		16a. DECEDENT'S (Give kind of wife. Do NOT use	ork done during retired.)	most of working	166. KIND OF BU			
by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest) UNKNOWN		JEET -	CHFL	18. MOTHER'S NA	PRIVA ME (First, Middle, Malden	Surname)		
should	TO BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	IRENE	Route Number, City or Tow	JOHNSOI n, State, Zip Code		
age 6 may be re director, page 5 er must be no		ROSE J. SAWYER  20a. METHOD OF DISPOSITION 1   Burlet 2 (Cremetton 3   Rem 4   Donatton, 5   Other (Specify)		PLACE AND DATE O tery, cremetory or oth IESAPEA	F DISPOSITION	(Name of		CATION — City o		
Jeath. Pag funeral dir xaminer		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	APEA	22. NAM	E AND ADDRESS OF FA	3/27/95 BE GLITYE.M.DU .,MT.RAIN	LISVIL DLEY F IIER.MC	LE.MD. UNERAL HOME 0.20712	
within hours after or operation, or removal.		23. FART . Enter the disease, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	complications that caused List only one cause on ear	ch line.	et enter the				Approximeta Interval Batween Onset and Death	
ith certificate be executed tending physician and com if Hygiene prior to burial, or other traumatic ex	ERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A (	CONSEQUENCE OF	):					
s that the death ned by the atte lith and Mental any Injury, o	EDICAL C	PART II. Other significent condition	s contributing to death bu	t not resulting li	the underi	ying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
w requires the been signed on the signed of Health shows an shows an shows an shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows and shows a show and shows a show and shows a show and shows a show and shows a show and shows a show and shows a show and shows a show and shows a show and shows a show a show a show a show and shows a show a show a show a show a show and show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show a show	Σ.								1   YES 2   NO	
SICIAN: The law certificate has b the State Dept.	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?		6. PLACE OF DEAT						
PHYSICIA this certif with the rrked, or	РНУ	1 YES PO NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outpat  28a. DATE OF INJURY (Month, Day, Year)		4 Nursing I OF 28c.	INJURY AT WORK?  YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED		
TTEND CTOR: A after d 28 is	тер ву	2 Accident Investigation 3 Suicide 8 Could not be datarmined	28a. PLACE OF INJURY - building, atc. (Specifi	At home, farm, st			281. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,	
TAL OR TAL DIRI 72 hour	COMPLETED		CIAN: To the best of my knowle						se(s) and manner as stated.	
TO THE HOSPI TO THE FUNER Be filed within IMPORTANT:	TO BE (	296. SIGNATURE AND TITLE OF CERTIFIES	auguex MA	0		29c. LICENSE NUN D21230	MBER /	DATE SIGN	1ED (Month, Day, Year) 26/1995	
(3)		Augusto P. Rodri	guez, M.D. 50	09 Raybu		., Camp Sp	rings, MD	20748		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	_						
		7.00	U						DHMH-18 Rev 1/89	

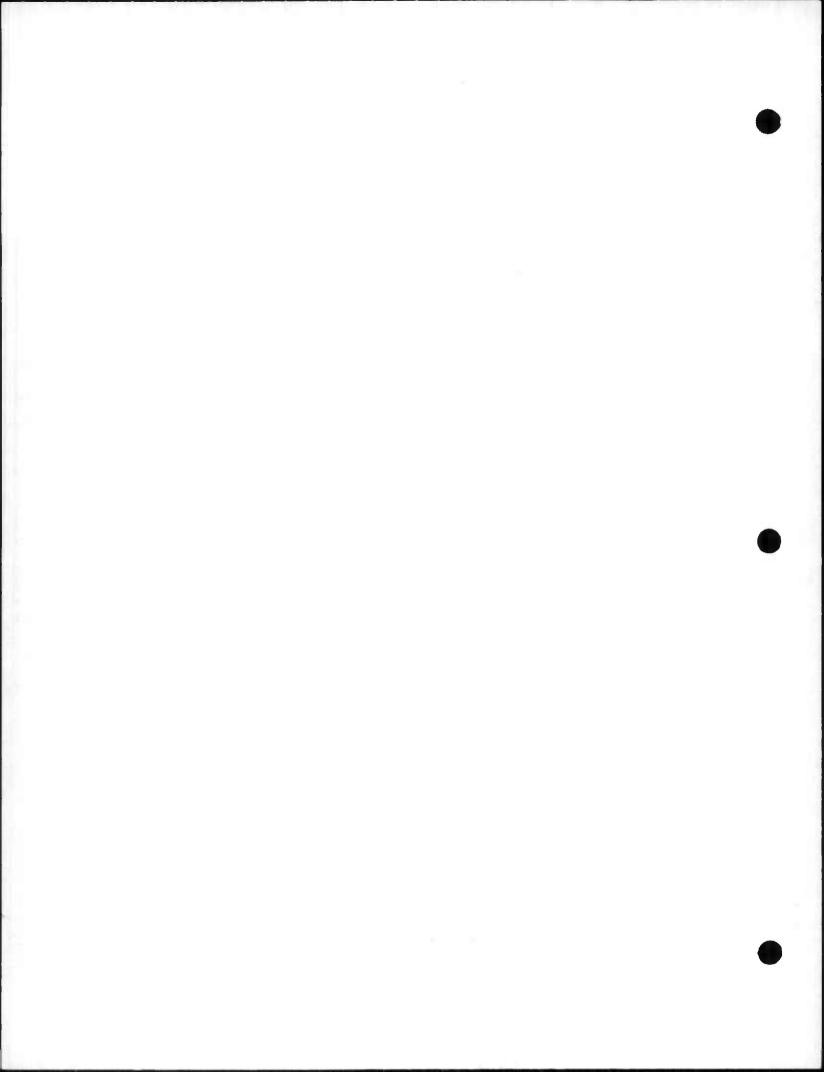
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should effect within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.	e medicai examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Micothe, Lest)  Mary Elizal			Smith		2. DATE MONT AUS	OF DEATH	1995	YEAR	3. TIME OF DEATH 12:25 P		
30	4. SOCIAL SECURITY NUMBER 579-14-3670	1 □ M 2 💢 F 7		UNDER 1 YEAR HTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont Ju]	OF BIRTH h, Day, Year) y 21,	1921	Country) Wash	LACE (State or Foreign		
TOR	90. FACILITY NAME (If not institution, give Physicians Memorial F	street and number) Hospital	98	LaP1	ata	EATH		9c. COUNT	rles	ATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Charl		10c. CITY, T			Od. INSIDE CITY LIMITS?						
	100. STREET AND NUMBER  10200 LaPlata Ro		Lai	Plata	. ZIP CODE				1 1 YES 2 □ NO IZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	If yes, sp	20646 ENDENT OF HISPA HOLLY Cuben, Mexic	an, Puerto	f? (Specify Yes Rican, etc.)		Black,	- American Indian, White, etc.		
red BY	3 Widowed 4 Divorced											
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Iffo. Do NOT use retired.)  11 Domestic Retail Sales											
	17. FATHER'S NAME (First, Middle, Lest)	Com d de la			18. MOTHER'S NA							
H	Raymond Joseph S  190. INFORMANT'S NAME (Type/Print)	SMICH	19h MAII ING AD	DDFSS /Street e	Alice I							
2	Emma J. Smith			20781-1740								
	Emma J. Smith  3921 Livingston Street Hyattsville, MD 2  20a. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACEANDDATE OF DISPOSITION (Name of genetary, crematory of other place)  Mount Olivet Catholic Cemetery (8/28/95 Washin											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home P.A.											
	4739 Baltimore Avenue Hyattsville, MD 20781											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart feliure. List only one ceuse on eech line.  IIMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO OR AS A CONSEQUENCE OF):									Approximate Interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OF AS A CONSEQUENCE OF):											
MEDICAL CE	PART II. Other significant condition	ns contributing to deeth b	out not reaulting in ti	he underlying	r ceuse given in	Part I.	24a. WAS AN PERFOR	MED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?		
	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	F DEATH YES	□ NO Ĕ	UNCERTAI	N 🗆				☐ YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ANO	HOSPITAL:	26. PLACE OF DEATH (C	Check only one)								
14S	1 YES 2 ZI NO  27, MANNER OF DEATH	1 ☑ Inpatient 2 ☐ ER/Outp		Nursing Hom	5 Residence							
BY PI	1 X Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	- At home, farm, stree	M 1 V	RK? ES 2 NO		CRIBE HOW IN					
ETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spec	city)	rt, rectory, orne			ATION (Street a or Town, State)	nd Number or	Rural Rou	ite Number,		
COMPLETED		ER: On the best of my know								nd manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	i Jento	Ms		29c. LICENSE NU D-21031	MBER		29d. DATE S	SIGNEO (A	fonth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WH Michael Leatherwood 1	MD, Waldorf Medi	ical Park P.(		49 Waldorf	, Md.	20604	1				
	AUG 28 1995	37. BEGISTMAR'S SIGN	ature dall									





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

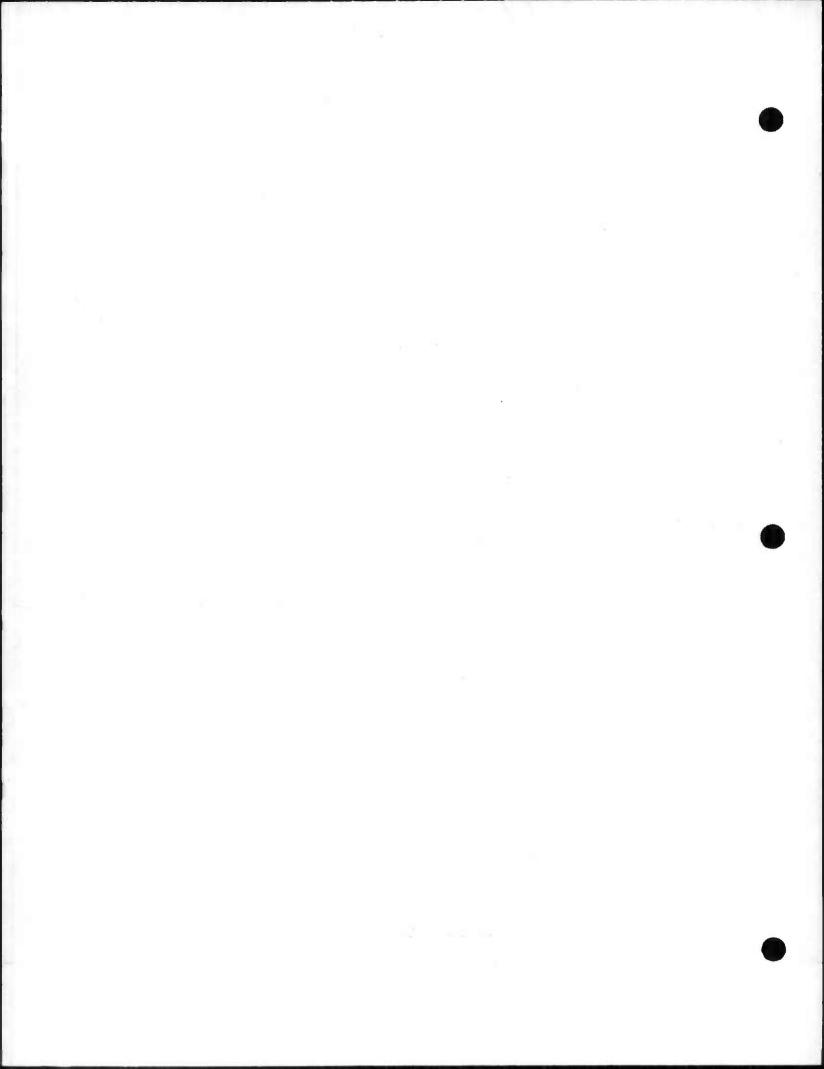
N OD ATTENDING DUVOCION. The loss considere that death and filenate he among that single of the contract of the transfer of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of th	2 2	2. Common and control agreed by the second of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	RTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event; the medical examinar must be natitied at nace	
IN THE HOSPITAL OF ATTENDING	TO THE FINERAL DIRECTOR After	be filed within 72 hours after death	IMPORTANT: If item 28 is ma	

									J. 10	100	0200	
	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DE	PARTMEI TIFICAT	NT OF I	DEATI	ND N	MENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						Ī	2. DATE OF DEATN		:	3. TIME OF CEATN	
	Bernard E.	SMITH, S	Sr.				[	August 30		YEAR	7:30P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (/	in yrs. lest birti	nday) IF UNE	DER 1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH	- 1	8. BIRTNPI	LACE (State or Foreign	
	577-12-1252	12 M 2 D F   83	3 4	YRS. MONTHS DAYS HOURS MIN.				(Month, Day, Year) January 11	1012	Country)		
	9s. FACILITY NAME (If not institution, give stre	set and number)		9b. CI	TY. TOWN	OR LOCATION						
DIRECTOR	Doctors Hospi	tal			Lanh					nce	George's	
EC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										od. INSIDE CITY	
E	Maryland Prince George's Glenarden										LIMITS?	
	10e. STREET AND NUMBER	e ocorge i	9   0	T CII d		f. ZIP CODE					X YES 2 NO	
FUNERAL	7807 Johnson A	venue			10		706		10g. CITI	ZEN OF WH	AT COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	1	3. WAS DEC	ENDENT OF	NISPANI	IC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		1 Tyes, sp	2 X NO	Mexican Specify:	, Puerto Rican, etc.)		Specify:	White, etc.	
						Black						
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		16b. KIND OF BUS	INESS/IND	USTRY							
W	Elementary/Secondary (0-12)											
<u>A</u>	7		ent	Priv	ate							
Ö	17. FATNER'S NAME (First, Middle, Last)					16. MOTNE	R'S NAM	AE (First, Middle, Maiden :	Surname)			
w l	James Jefferso	on Smith				Ama	and	a Watts				
10 B	190. INFORMANT'S NAME (Type/Print) Ann M. Smith/Wife  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7807 Johnson Avenue, Glenarden, Maryland 20706											
	20a. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of cematery, crematory or other place) 20c. LOCATION — City or Town, Stata 20c. LOCATION — City or Town, Stata											
	4   Donation 5   Other (Specify)   Parklawn Cemetery   1995   Rockville, MD											
1	// / A DIRECT OF FROIDITY											
	J.B. Jenkins Funeral Home											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest,   Approximate											
	snock, or heart fellure. Li	ist only one cause on ea	ch ilne.			ac or aying	,,	are cardioc of teepin	atory arr	ret,	interval Between	
}	iMMEDIATE CAUSE (Final disesse or condition	No.			-	1	5				Onset and Death	
	resulting in death) s.	OUE TO (OR AS A	NOFO	Bru	STIC		CN	KEMA			2 MCS	
											2 .	
CERTIFICATION	Sequentially list conditions, b.	MROS	Eh &	\$							- thys	
Ē	if sny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A				~~^					2	
5	CAUSE (Disease or injury C.	Panys	W	MR	My	111	100	T WP	EUT	Loor	of Mays	
Ë	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUEN	CE OF):								
#	d.											
_	PART II. Other aignificent conditions	contributing to death by	it not result	ing in the	underlyle	a couce of	on in E	and I are unnave				
MEDICAL	Mr. Con			aring ari tire a				Part I. 24a. WAS AN / PERFORI	MED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO	
ă	BELL OF	2010 Voren	TRIC		DVY	PRV		1 TYES 2	NO		OMPLETION OF CAUSE F DEATN?	
× I	NAME LE	5 Mg	シート	MS				_   ′		1	☐ YES 2 ☐ NO	
PHYSICIAN:	DID TOBACCO USE CONTRI	<b>BUTE TO CAUSE OF</b>	F DEATH	YES 🗆	NO [	UNCER	RTAIN					
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF	DEATN (Chec	k only one)							
S		HOSPITAL: 1 Dippatient 2 ER/Outpe	rtient 3 🗆 De	DA 4 N		e 5 🗆 Resid	lence 6	Other (Specify)				
ξI	27. MANNER OF BEATN	28a. DATE OF INJURY	286	TIME OF	28c. INJ	URY AT	_	28d. DESCRIBE NOW IN	JURY OCC	URED		
	1 Natural 5 Pending	(Month, Day, Year)		INJURY		RK? YES 2 N	10					
BY	2 Cutotte	-	281. LOCATION (Street ar	nd Number	or Burni Bou	de Mumber						
E I	4 Homicide 8 Could not be determined		City or Town, State)			10 11011						
COMPLETED	29a. CERTIFIER								-			
<u>a</u>	(Check only The Certify Tino Prisician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.											
ō l	2 MEDICAL EXAMINER: On the besia of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENS	E NUME	BER	29d. DATE	SIGNED (N	Ionth, Day, Year)	
- 11	Turn	wy Fee	WAT	024	, 1	Dr	61	17	•	X-2-	0-6-	
2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO COMPLETED CAUSE OF PERSON WHO											VIL	

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196. SIGNATURE AND TITLE OF CERTIFIE	hun	Se Windred	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

Prount,	100 7)	41.18600000	100017		0-40-90	Ann
30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE	OF DEATN (ITEM 27) (Type, Print)				
MYDRIES C.	LIME.	mp - 9320	MYONG - MONTH	1200 .	LANGEM	Lus
SEP 1 1995	32 REGISTINA	S SIGNATURE			अ० प	- 1,

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC			MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	RUBY ALMA	STIFF	T.ER			MONTH DA	AY 1	YEAR 4:14 D M				
		5. SEX 6. AGE (I	n yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	-	BIRTHPLACE (State or Foreign				
		1 □ M 2 🗓 F 73	YRS.		HOURS MIN.	Feb. 5, 19	922 T	Virginia				
DIRECTOR	9a. FACILITY NAME (If not institution, give street and institution). GREATER BALTIMORE RESIDENCE OF DECEMENT			OWSON	PR LOCATION OF D	EATH	9c. COUNTY	Y OF DEATH				
E C	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION		- Dri 1-1-1-1	10d, INSIDE CITY				
	Maryland Balt	imore	Мо	nkton	ZIP CODE			LIMITS? 1 YES 2 NO				
FUNERAL	17145 Big Fall			EN OF WHAT COUNTRY?								
N I		12. WAS DECEDENT EVER IN	U.S_ARMED		21111	NIC OBIGIN? (Specify Ver		S.A.				
B	3 1 Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 1 NO Specify: Spec											
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16e. DECEDENT'S USL	done during mo-	ON et al wadring	16b. KIND OF BUS	BINESS/INDUS					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema	tired.)	or or working	Own	IIomo					
MC	17. FATHER'S NAME (First, Middle, Last)		nontenta	VCI	40 1407117710 414							
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural	Route Number, City or Town	n, State, Zip Co	ode)				
F	Louis F. Stiff	ler, Jr.	17147	Big I	Falls R	d., Monk	ton,	MD 21111				
	26a_METHOD OF DISPOSITION  1	rat from State 20b.	PLACE AND DATE OF D Nery, cremetory or other . SEBURG (	isposition (Na placa) emete	rv Ser			y or Town, State Hall, MD				
	21" SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AÑ	D ADDRESS OF FA	CILITY						
_	Xan Dal	zendrik		24 S	econd S	tein Mort t., New Fr	eedon	m, PA 17349				
	23. PART I. Enter the diseeses, or co- ahock, or heart failure. Li	at only one cause on se	the desth. Do not on the chains,	enter the mo	de of dying, auc	h aa cardlec or reapi	ratory arrest	t, Approximata				
	iMMEDIATE CAUSE (Final disease or condition		•			Onset and Death						
	resulting in death)	HYPOX//	CONSEQUENCE OF):					Hours				
z I	Sequentially list conditions, b.	SEVERE	and the second second	TIVE (	VNG [	)II FINE		2 YEARS				
HIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):									
2	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
¥	resulting in death) LAST											
C	PART II. Other aignificent conditions	contributing to death bu	t not resulting in th	ne underlying	Causa civen in	Part I. 24s. WAS AN.	ALITOREY	AAL WEEK ALTROOP SURVIVA				
3	THE PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED IN COLUMN TO PERSON NAMED I		t not resulting in the	ie diderlying	cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC						1 YES 2	₽ NO	OF DEATH?				
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES		UNCERTAIL	V 12		1 120 2 NO				
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	8. PLACE OF DEATH (C									
2	1 VES 2 NO	Inpatient 2 - ER/Outpa	tlent 3 DOA 4 E			6 Other (Specify)						
	1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WOI	RIC?	28d. DESCRIBE HOW IN	HURY OCCUR	RED				
2 Accident trivestigation " 1 YES 2 NO												
4 Homloide determined building, atc. (Specify)  City or Town, State)												
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
3	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, in	my opinion, de	ath occured at the	time, data end place, end	d due to the co	ause(a) and manner as stated.				
296. SIGNATURE AND TITLE OF CERTIFIER  MBSy4 MD  296. LICENSE NUMBER  297. LICENSE NUMBER  299. DATE SIGNEO (Month, Day, Year)  9 19 195												
-	30. NAME AND ADDRESS OF PERSON WHO O											
	MICHZEL Boyle, Mi			nore, 1	VID 2	1004						
	SEP 1 5 1995	32 AEGISTRAR'S SIGNAT	Randall									

1 - FOR STATE REGISTRAR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	Baby Girl :	Stevenson					2. DATE	OF DEATH DAY	199	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	3. AGE (In yrs. lest birt)	MONTHS	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	Day, Year)	8. 8	DIRTHPLACE (State or country)	
	Sa. FACILITY NAME (If not institution, give	1 M 2 F	Y	RS.		OR LOCATION OF	AUG	1st 221	995	Maryland	
OR	Montgomery	^	spetal	30.01	01	nex	DEATH J Sc. COUNTY OF DEATH  Montagnery				
DIRECTOR	10e. STATE 10b. COU	NTY .	10	c. CITY, TOWN	OR LOCA	ATION				10d. INSIDE CI	
	Maryland fr	rederick		Fr	ederi	ck				LIMITS?	
FUNERAL	160 B Willow					21771			US	OF WHAT COUNTRY	
B⊀	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [ IF YES, GIVE WAR	YES 2 NO	13	If yes, a	CENDENT OF HISP/ pecify Cuben, Mexic S 2 NO Spec	en, Puerto F		-	RACE — American in Black, White, etc. Specify, Black	
COMPLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5 +)	(Give ki	ENT'S USUAL, nd of work don VOT use retired	e during m .)	ION lost of worlding	16b.	KIND OF BUSINES		RY	
MP	17. FATHER'S NAME (First, Middle, Last)			KI	1,						
BE CC	James	Stevenso	n				ita R	Nddie, Meiden Sum Schuse	ame)		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MA	JLING ADDRE	SS (Street	end Number or Rura	/ Route Numb	1 . 1	ete, Zip Cod	6) / / > / >	
	1 PRITA  20a, METHOD OF DISPOSITION	Rouse		60B				rederick		yland 217	
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	cemetery, cremeto			rame or	DATE	Olne	V M	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22	. NAME A	AND ADDRESS OF F	ACILITY				
	iMMEDIATE CAUSE (Final disease or condition resulting in desth)	0.1	R AS A CONSEQUEN	1 1					ry srrest,	interval	
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U.S.A.

Specify:

14. RACE - American Indian, Black, Whife, etc.

White

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 TES 2 NO

OF DEATH?

Interval Batwe

Onset and Death

4 UC

1995

3. TIME OF DEATH

1:25AM

8. BIRTHPLACE (State or Foreign

Pennsylvania

10d. INSIDE CITY LIMITS?

1 YES 2 NO

2. DATE OF DEATH

8

Sept.

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Margaret Ann Sheedy

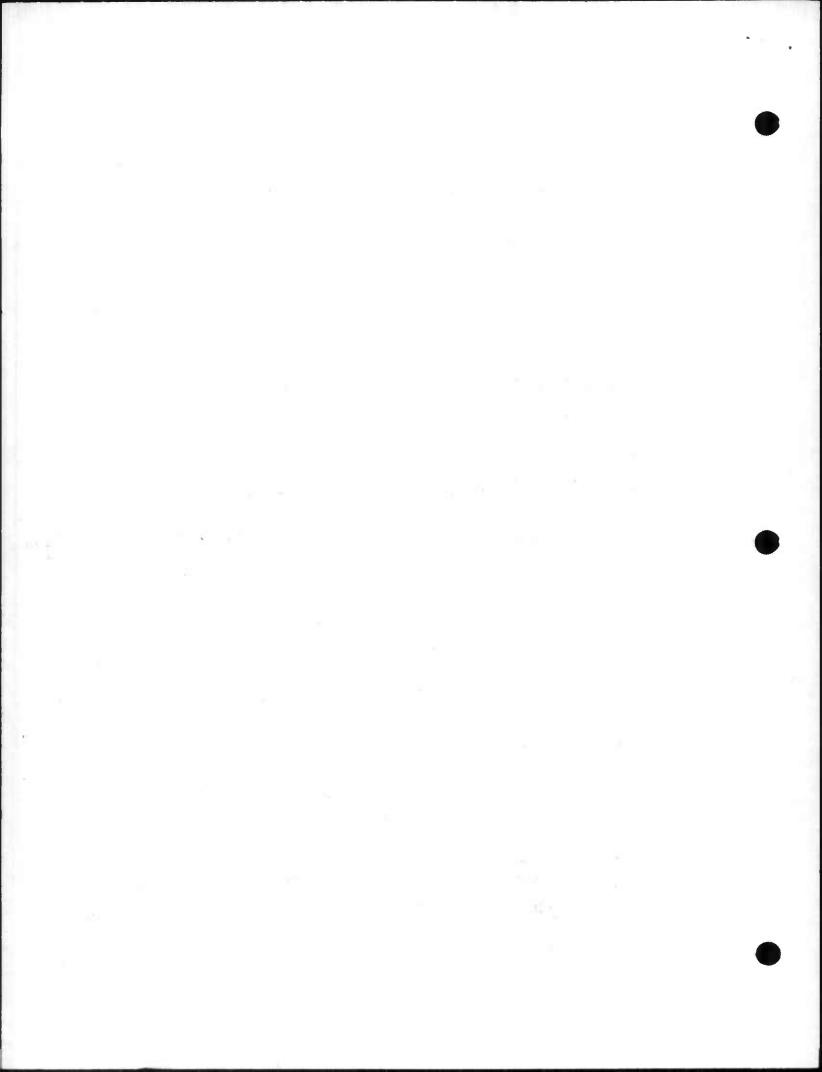
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4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 1 - M 2 X F 577-52-6834 59 Jan. 25, 1936 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Rc. COUNTY OF DEATH DIRECTOR Carroll County General Hospital Westminster Carroll RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Carroll Union Bridge permit. FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 167 Honeysuckle Lane use as the bunial-transit 21791 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify of e executed within of hours after death. Page 6 may be retained by the hospital or un and completely filled in by the funeral director, page 5 should be detached for to burial, cremation, or removal. ntary/Secondary (0-12) College (1-4 or 5+) 12 accounting clerk county government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Arthur James Freer Groot 76 Delia Ann McKeon notified 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kathryn J. Groot 5 Wheaton Dr. Littlestown, PA 17340 99 20a. METHOD OF DISPOSITION
1 Buriel 2 Q Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of must b 20c. LOCATION -- City or Town, State DATE Carroll Cremation , Inc. 9/8 4 Donation 5 Other (Specify) Hampstead, MD examiner OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D.D. Hartzler & Sons Union Bridge, MD 21791 the medical 23. PART I. Enter the diseasee, or complicatione that capied the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final M)NG CLASTATT event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate attending physician certificate be prior cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST 6 the atter Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. the MEDICAL 24s. WAS AN AUTOPSY n signed by ti that any 1 TES 2 NO requires Shows t, of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h llem met HOPPITAL OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: Nent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED this with marked. 1 Netural 8 Pending М 1 YES 2 NO BY After 1 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide .00 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be DIRECTOR: / 28 4 Homicide determined 29a. CERTIFIER To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(e) and manner as stated. HOSPITAL FUNERAL I = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II ele of exemination end/or investigation, in my opinion, death occurad at the time, date end place, and due to the ceuse(e) and manner ee stated. AND TITLE OF CERT 29b. SIGN D353 29d. DATE SIGNED (Month, Day Year) BE 2 N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) POOLE SEP 08

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



TO BE COMPLETED BY FUNERAL DIRECTOR

# Amended HEN# 1 9/7/95 Carroll Co. P.LC.

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Cemetery   9/8   Westminster, Md.			EN RIOL AND				(Name of		DATE	20c. LC	CATION -	City or Tow	n, State	
254 E. Main St. Westminster, Md.  23. PART I. Enter the desage. or conditions about, for heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final desage or condition resulting in death)  a. Subavadual Hemoyyloge  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a		4 Donation 5 Other (Specify) Krider's Cemetery 9/8 Westminster											, Md.	
23. PART I. Enter the disease or confileations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, further than shock, further than shock, further than shock, further than shock, further than shock, further than shock, further than shock, further than shock, further than shock, further than shock, further than shock, further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock further than shock furthe		21. SIONATURE OF FUNERAL SERVICE LICE	ENSEE	2 1		22. NAM	AND ADDR	ESS OF FA	ACILITY F1	etch	er F	'uner	al Home	
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Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS		ahock, or heart fallure. L IMMEDIATE CAUSE (Final disease or condition	iat only one cause	e on each line. rachnoi	d	Hemo			ch aa cardia	c or reap	lratory arr	rest,	interval Batween	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRINCHES AND PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? PERFORMED? 1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  26. PLACE OF DEATH YES NO UNCERTAIN 1 VES 2 NO  27. MANNER OF DEATH POSPITAL: 1 Vingsilant 2 ER/Outpatient 3 DOA 4 Number of Residence 8 Other (Specify)  27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY AT INJURY NO DESCRIBE HOW INJURY OCCURED Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY AT INJURY NO DESCRIBE HOW INJURY OCCURED 28b. LOCATION (Street and Number or Rural Route Number. City or Town, State)  29a. CERTIFIER (Check only one)  29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. One)  29b. BIONATURE AND TIME OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 225. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 (Inpstlant 2   ER/Outpatient 3   DOA 4   Nursing Home 5   Realdence 8   Other (Specify)  27. MANNER OF DEATH 1 (Nursing Home 5   Realdence 8   Other (Specify))  28. DATE OF INJURY AT WORK? 1   YES 2   NO  28. DATE OF INJURY M 1   YES 2   NO  28. DATE OF INJURY AT WORK? 1   YES 2   NO  28. PLACE OF INJURY AT WORK? 1   YES 2   NO  28. PLACE OF INJURY AT HOME? (Month, Day, Veer)  28. DATE OF INJURY M 1   YES 2   NO  28. PLACE OF INJURY AT HOME? (Month, Day, Veer)  28. DATE OF INJURY AT WORK? 1   YES 2   NO  28. PLACE OF INJURY AT HOME? (Month, Day, Veer)  28. DATE OF INJURY AT HOME? (Month, Day, Veer)  28. PLACE OF INJURY AT HOME? (Month, Day, Veer)  28. DATE OF INJURY AT HOME? (Month, Day, Veer)  290. BIONATURE AND TITLE OF CERTIFIER  290. BIONATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  291. DATE SIONED (Month, Day, Veer)  292. LICENSE NUMBER  293. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  294. DATE SIONED (Month, Day, Veer)  295. BIONATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  297. DATE SIONED (Month, Day, Veer)  298. DATE SIONED (Month, Day, Veer)  299. DATE SIONED (Month, Day, Veer)  290. DATE SIONED (Month, Day, Veer)	- 1	PART il. Other aignificant conditions	contributing to d	eath but not re	aulting	In the under	ying cause	given ir	n Part i. 2					
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 225. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1 (Inpstlant 2   ER/Outpatient 3   DOA 4   Nursing Home 5   Realdence 8   Other (Specify)  27. MANNER OF DEATH 1 (Nursing Home 5   Realdence 8   Other (Specify))  28. DATE OF INJURY AT WORK? 1   YES 2   NO  28. DATE OF INJURY M 1   YES 2   NO  28. DATE OF INJURY AT WORK? 1   YES 2   NO  28. PLACE OF INJURY AT WORK? 1   YES 2   NO  28. PLACE OF INJURY AT HOME? (Month, Day, Veer)  28. DATE OF INJURY M 1   YES 2   NO  28. PLACE OF INJURY AT HOME? (Month, Day, Veer)  28. DATE OF INJURY AT WORK? 1   YES 2   NO  28. PLACE OF INJURY AT HOME? (Month, Day, Veer)  28. DATE OF INJURY AT HOME? (Month, Day, Veer)  28. PLACE OF INJURY AT HOME? (Month, Day, Veer)  28. DATE OF INJURY AT HOME? (Month, Day, Veer)  290. BIONATURE AND TITLE OF CERTIFIER  290. BIONATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  291. DATE SIONED (Month, Day, Veer)  292. LICENSE NUMBER  293. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  294. DATE SIONED (Month, Day, Veer)  295. BIONATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  297. DATE SIONED (Month, Day, Veer)  298. DATE SIONED (Month, Day, Veer)  299. DATE SIONED (Month, Day, Veer)  290. DATE SIONED (Month, Day, Veer)	2												COMPLETION DF CAUSE	
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Investigation   Investigation   26a. PLACE OF INJURY — All home, farm, street, lactory, office   28f. LOCATION (Street and Number or Rural Route Number.	-	DID TOBACCO USE CONTR	IBUTE TO CAU	ISE OF DEAT	TH YE	S NO	□ UN	CERTAI	IN 🗆					
Investigation   Investigation   26a. PLACE OF INJURY — All home, farm, street, lactory, office   28f. LOCATION (Street and Number or Rural Route Number.	N N			28. PLACE	E OF DEA		ine)							
Investigation   Investigation   26a. PLACE OF INJURY — All home, farm, street, lactory, office   28f. LOCATION (Street and Number or Rural Route Number.	Sign			ER/Outpatient 3	□ DOA		Home 5 🗆 f	Realdence	8 Other (	Specify)				
3 Suleide 8 Could not be determined 29a. PLACE or INJURY — All nome, farm, livrest, factory, ornica 29th Cooks flow (Street and Number of Plural House Number. City or Town, State)  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and due to the cause(e) and manner as attated.  29b. BIONATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 9/6/95  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		1 Natural 5 Pending	28a. DATE OF IN (Month, Day,	NJURY r, Year)		JURY	WORK?	□ NO	28d. DESCI	RIBE HOW	INJURY OC	CURED		
296. BIONATURE AND TITLE OF CERTIFIER  296. BIONATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  296. LICENSE NUMBER  5509  296. LICENSE NUMBER  5509  9/6/95  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  () MAS NEW YORK SUPPLY 22 S. Green St.		2 Destate			ne, farm,	mtreet, lactory,	offica					or Rural Ro	oute Number,	
296. BIONATURE AND TITLE OF CERTIFIER  296. BIONATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  296. LICENSE NUMBER  5509  296. LICENSE NUMBER  5509  9/6/95  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  () MAS NEW YORK SUPPLY 22 S. Green St.	ETE													
296. BIONATURE AND TITLE OF CERTIFIER  296. BIONATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  296. LICENSE NUMBER  5509  296. LICENSE NUMBER  5509  9/6/95  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  () MAS NEW YORK SUPPLY 22 S. Green St.	OMPL	(Check only											and manner as stated.	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  () MMS NEWYO SWARYY 22 S. Green St.	BE	296. BIONATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. DATE SIONED (Month, Day, Year)												
31. OATE FILED (MONIN, Day, Your) SEP 0 7 1995 Julia divelor Rendell	5						C.		- 1					
31. DATE FILED (Month, Day, Your) SEP 0 7 1995 Julia Division Rendell		OMMS New	insurger	ry 2	2	s. Gre	en St							
		31. OATE FILED (Month, Day, Year)	32. REDISTRAR	S SIONATURE	dall									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netitied at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-18 Rev 1/89

to a series of the material of the

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made after the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MEMORITANT: If them 28 is marked, or tiem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE						
	1. DECEDENT'S NAME (First, Middle, Last) Clarence	Miles	Shar	nberger	2. DATE OF DEATH September 5,1	995 YEAR 6:25 P M					
	4. SOCIAL SECURITY NUMBER 022-26-6034	1 ☑ M 2 🗆 F 5		UNDER t YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) 936 Massachusetts					
TOR	9a. FACILITY NAME (If not institution, give so Physicians Memor		9(	La Plata	OEATH	oc. county of ceatn Charles					
DIRECTOR	10a. STATE 10b. COUNTY	rles		own or Location Waldorf		10d. INSIDE CITY LIMITS? 1 YES 2 XNO					
FUNERAL	4103 Old Washingto	on Road		101. ZIP CODE 206	1	10g. CITIZEN OF WHAT COUNTRY? USA					
B	11. MARITAL STATUS 1 Never Merried 2 Nerried 3 Nidowed 4 Divorced	PANIC ORIGIN? (Specify Yes or lean, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, White, etc. Specify: White								
COMPLETED	15. DECEDENT'S EDUK (Specify only highest grade Elementary/Secondary (0-12)	1958-196 CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US	done during most of working tired.)	166. KIND OF BUSIN						
OM	17. FATHER'S NAME (First, Middle, Last)		Pidila		NAME (First, Middle, Meiden Su						
BE C	Oliver Charles Sha	amberger		And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Marion Tait	rnerne)					
TO B	19e. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rur							
-	Jacqueline A. Shar	nberger	4103 C	ld Washington							
	20e. METHOD OF DISPOSITION 1	oval from State Co.	b. PLACE AND DATE OF D majory, cromotory or other Trinity Me	morial Garden							
	21. SIGNATURE OF FUNERAL SERVICE LIC Mark G. Broha	okaum	3	22. NAME AND ADDRESS OF Huntt Funera P. O. box 15	1 Home, Inc.	MD 20604-0156					
NOI	23. PART I. Enter the diseases, or cahock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	eech lifte.	enter the mode of dying, a	uch as cardlec or respirat	Approximata interval Between Onset and Death					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	s contributing to deeth	but not resulting in t	ne underlying ceuse given	In Part I. 24s. WAS AN AU PERFORME	D7 AMILABLE PRIOR TO COMPLETION OF CAUSE					
Ä	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C			UN 🗆						
<u>S</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:							
H	27. MANNER OF DEATH	28e. OATE OF INJURY	patient 3 DOA 4 [	Nursing Home 5 Residence 28c. INJURY AT	e 6 Other (Specify)  28d. DESCRIBE HOW INJU	ISA OCCUBED					
ВУР	Netural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK?   M   t   YES   2   NO	Louis Segoniae How May	MT GOODNED					
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
TO BE CO	296 MIGHATURE AND TITLE OF CERTIFIER	Sides		29c. LICENSE N D20629	Market Total	ed. DATE SIGNED (North, Day, Year)					
		11345 Pembrook	ke Square Sui	te #104 Waldorf	,MD 20603						
- 1	SEP 0 8 1995	JULA WILLE	Line Rowl- 11								

C. Ollogeny amandid # 9A + # 14 &

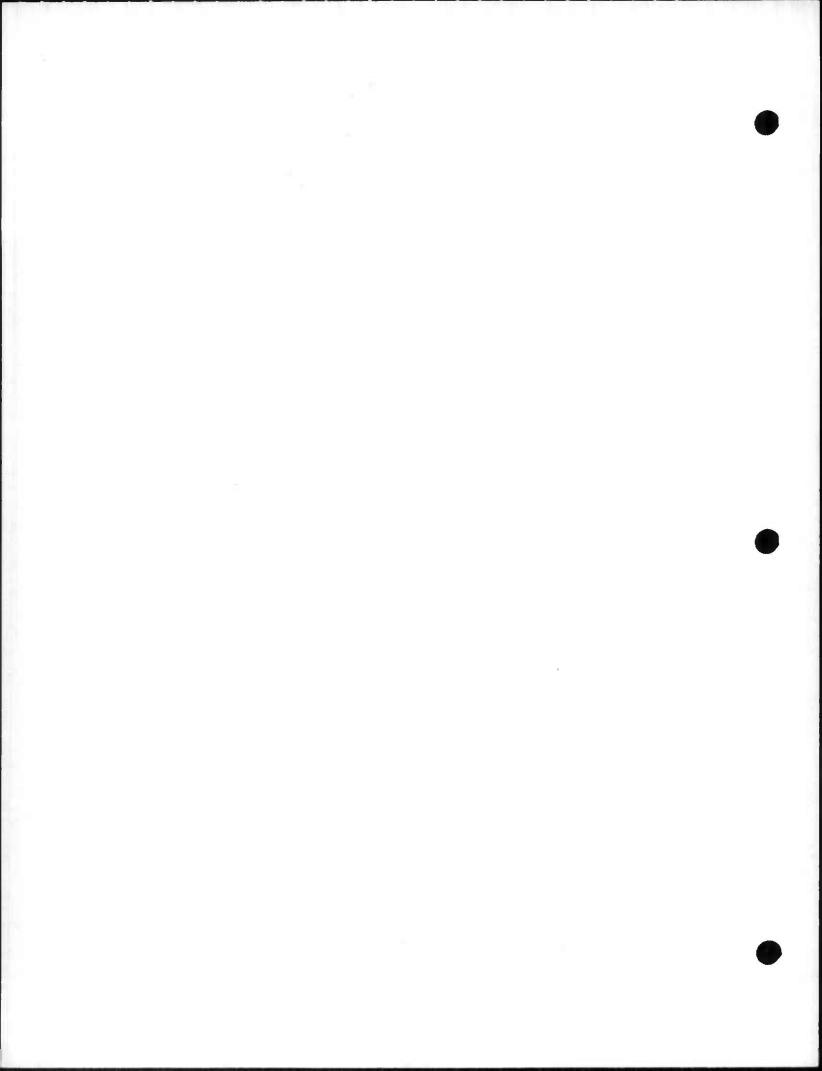
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH	3. TIME OF DEATH											
1	TOYCE ANN CAMPOON MONTH DAY YEAR												
	SEPTEMBER 2, 1995	0300 A M											
	232-60-7432 1 M 2 K F 53 YRS. MONTHS DAYS HOURS MIN. JAMN. 1996 1997 1942 MATE	PLACE (State or Foreign											
E E	SACRD HEART HOSPITAL  SACRD HEART HOSPITAL  SACRD HEART HOSPITAL  SACRD HEART HOSPITAL  SACRD HEART HOSPITAL  SACRD HEART HOSPITAL	EATH EGANY											
6 1	RESIDENCE OF DECEDENT	LUANT											
m l	10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION	10d. INSIDE CITY											
DIRECTOR		LIMITS?  1X YES 2 NO											
FUNERAL	TOO. STREET AND NUMBER  KELLER RUN ROAD  101. ZIP CODE  109. CITIZEN OF W  26719  U.S.												
3	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE	- American Indian.											
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:	t, White, etc.											
밀	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTRY												
PLE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  A DM EMAKER  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOME MAKER  HOME  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surname)												
8	O 17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surname)												
BE C													
10		19											
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of DISPOSITION (Name of												
	1 (X Burnel 2   Cremation 3   Removal from State   Cemetery, crematory or other place)  4   Donetion 5   Other (Specify)   FT. ASHBY CEMETERY   9/4/95   FT. ASHBY.WV   2671												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  FT. ASHBY FUNERAL HOME, INC.  P.O.BOX 1260-FT. ASHBY, WV 26719												
-	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,	26/19											
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cure Reshina for the mode of dying, such as cardiac or reapiratory arrest, Interval Between Onset and Death  Shock, or heart failure. List only one cause on each line.  Approximate Interval Between Onset and Death  Shock or heart failure. List only one cause on each line.  Approximate Interval Between Onset and Death  Shock or heart failure. List only one cause on each line.												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. CA OF BY RSF WITH LY MPRO MGTAC.  CA OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY MPRO MGTAC.  COMMENT OF BY RSF WITH LY												
MEDICAL		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?											
		1 TES 2 NO											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
≝	1 VES 2 NO 1 Competient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY  29. TIME OF 129. INJURY												
By Pr													
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, Street and Number or Rural Richard City or Town, Street	oute Number,											
COMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.  MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e)												
- 11	20h SICNATURE AME TITLE OF CERTIFIED												
0 84	Dun Melaulung 14-D D-17526 SEPTEM												
	JOHN MEHANNA, M.D 909-B SETON DRIVE CUMBERLAND, MD. 21502												
	31. DATE FILED (Month, Day, Year) 32. REGISTRAD S SIGNATURE A												
	SEP 0 5 1995 July dividion hardall												

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1. DECEDENT'S NAME (First, Mid	idie, Last)			OLNTII	ICATE	· Or	DEATH	1	2. DATE OF	REG. NO.		Τ.	. TIME OF DEATH
		EDNA I.	STO	VEBREAKE	R						MONTH	30,°	1995	YEAR	6:33 A M
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER 24 I	HRS.	7. DATE OF	BIRTH		8. BIRTHPL	ACE (State or Foreign
-		217-30-2050		1 - M 2 - XE	82	YRS.	MONTHS	DAYS	HOURS N	MIN,	Dec 1	ay, Ybar) 9 . 19	12	Country)	PA
should	_	9a. FACILITY NAME (If not institut	tion, give stre	et and number)			9b. CITY,	TOWN	OR LOCATION				9c. COUNT		
2,3	СТОВ	124 W OLDTOW		AD.			CUM	BER	LAND				ALL	EGAN	Z
es 1	EC	10a. STATE 101	b. COUNTY			10c, CI1	Y, TOWN O	R LOCA	ATION					I,	0d. INSIDE CITY
t. Pages	DIRE	MD	Alle	any		Cu	mberl	and	E						LIMITS?
permit.	AL AL	10s. STREET AND NUMBER		-				-	Of. ZIP CODE		10g. CITIZEN OF W				-
iş.	FUNERAL	124 W. Oldto	wn Ro	pad		21502					USA				
UZU physician. burial-transit		11. MARITAL STATUS  1 Never Married 2 Married		12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	N U.S. ARMED  13. WAS DECENDENT OF HISPANIC  15. WAS DECENDENT OF HISPANIC  16. WAS DECENDENT OF HISPANIC  17. WAS DECENDENT OF HISPANIC					C ORIGIN? (S	Specify Yes	or No-	I4. RACE -	- American Indian, White, etc.
	B	3 Wildowed 4 Divorced		IF YES, GIVE W	AR OR DATES				S 2 X NO			1, 416.		Specify	
	ED	15. DECEDE			16a.	16a. DECEDENT'S USUAL OCCUPATION 16					185 KH	ND OF BUS	INESS/INDU		nite
or atte		(Specify only hig Elementary/Secondary (0-12)	hest grade o	College (1-4 or 5 +		(Give kind of work done during most of working life. Do NOT use retired.)					100.70	10 OF 503	11123711100	JINI	
AND he hospita detached i	뒣	12				Homemaker					0	wn Ho	ome		
g det ihe	TO BE (	17. FATHER'S NAME (First, Middle	Last)						16. MOTHER	R'S NAM	IE (First, Midd	lle, Malden S	Sumame)		
		(nfn)							Rut	th I	Keefer	1			
ME, MAKY may be retained by or, page 5 should be set be notified at		19a, INFORMANT'S NAME (Type/F							and Number or I						
ay be page 5		Ruth Stonebr						n Road	; C						
. Page 6 may b. ral director, page		20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3		ral from State	cemetery,	cemetery, crematory or other place)					DATE		CATION — CI		
Page 6 al directo		4 Donation 5 Other (Specify) Mt. Herman Cemetery 09/01 Cumberland, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											ana,	עוא	
tune tune		· Class	Zn	1000	10//	/	So	car	pelli E	Fune	eral H				
		23. PART I Enter the disee	9 / X	molications that	<u>XUII</u>	dotth Do	Cı	dm	erland	, M	D 215	502			
5 4 . 9		shock, or nest	fellure. Li	at only one cau	se on each l	Ine.	not enter t	are mi	ode or dying,	, aucn	es ceruiec	or reapir	atory arre	st,	Approximata Interval Between
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		resulting in death)  Due TO (OR AS A CONSCOUENCE OF):													
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eath certif attending rtal Hygier y, or oth	E	that initieted events resulting in death) LAST													
atte atte	CE		0.												+
	롯	PART II. Other algorificent of	onditione	contributing to	deeth but no	t resulting	in the und	ieriyin	ng ceuse give	en In P	ert I. 24	PERFORI		All	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
signed by Health an	EDICAL										10	TYES A	NO	OI OI	OMPLETION OF CAUSE F DEATH?
requir	Σ	DID TORACCO LICE	COLUDI	DUTE TO CAL	UCT OF D				7		-		7	1	YES 2 NO
The law ate has b ate Dept.	AN	DID TOBACCO USE 25. WAS CASE REFERRED TO ME	-	BUIE IO CAI		ACE OF DEA				IAIN	XI				
- Sign	SICIAN:	EXAMINER?		HOSPITAL:			OTHER		10		□ 0** · · · (0-				
rSiCiA s certif	ΞI	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b, TIM	E OF	28c. IN.	JURY AT	- V	Other (Se 28d. DESCRI		JURY OCCU	RED	
NG PHYS frer this c eath with	ВУ Р	1 Netural 5 Pend 2 Accident Inves	ling Higation	(Month, De	ry, re-ur)	84.	M		ORK? YES 2 NO	0					
R: After er death		3 Suicide 6 Coul		28a. PLACE Of building,	F INJURY — AI	home, ferm,	street, facto	ry, offic	ce		281. LOCATIO	N (Street ar	nd Number or	Rural Rout	te Number,
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETE		mined									www, oreney			
AL OR A AL DIREC 2 hours 11 item	길			AN: To the best of											
OSPIT JNER Ithin 7	COMPL	MEDICAL	EXAMINER:	On the beels of ax	amination and/	or investigation	on, in my op	Inlon, d	death occured a	at the H	me, date and	place, and	due to the	cause(e) e	nd menner ea stated.
TO THE HOSPITAL (TO THE FUNERAL IT) TO THE FUNERAL IT IN THE WITHIN 72 h	BE (	96. SIGNATURE AND TITLE OF	CERTIFIER	,					29c. LICENSE		BER				onth, Day, Year)
5 5 3 W	10	Chel 1							D09157	/			▶ Au	g. 30	), 1995
11	-	Dr. Paul Snow	SON WHO	COMPLETED CAUS	E OF DEATH (I	Street	. Print) רוד ל"	mbo	rland	MD	215	02			
7							-,			עוניי	217	V2			
		31. DATE FILED (Month, Day, Year)  32. BEGISTRAR'S SIGNATURE  32. DEGISTRAR'S SIGNATURE  32. DEGISTRAR'S SIGNATURE													
<b>.</b> .		AUG 31	1333	0	COUNTY THE										



FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

	1. DECEOENT'S NAME (First	Middle, Last)			OLITTI	IOAIL	OI DEA	111		EG. NO.				
			דישוכו	ימר יד	CIM A B	tantin'	vomov			2. DATE OF OEATN MONTH DAY YEAR			3. TIME OF OEATN	
	FLORA  4. SOCIAL SECURITY NUMBER		BELLE 5. SEX 6. AGE (In vis		STAT		SBURY  IF UNDER 1 YEAR   IF UNDER 24 I		Sept. 1				10:10 A M	
					YRS.		AYS HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)			
	232-34-0298 1 M 2 X F  90. FACILITY NAME (If not institution, give street end number)		02	65 YRS.				3/5/1930						
<u>~</u>						9b. CITY, TOWN OR LOCATION OF OEATH					9c. COUNTY OF DEATN			
5	Laurelwood Nursing Center					Elkton					Cecil			
DIRECTOR	10e. STATE	10c. CIT	ITY, TOWN OR LOCATION 104 INSIDE CITY							10d. INSIDE CITY				
H	Maryland Harford					LIM							LIMITS?	
1	10s. STREET AND NUMBER					101 CS TITTI					10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1501 Highvue Court						21050				is and			
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					13. WM							.S.A.	
	1 Never Married 2 Married FORCES? 1 YES				NO	If yes, specify Cuban, Maxican,			n, Puerto Ricar	i, etc.)	Or 140-		- American Indian, White, etc.	
B	3 Widowed 4 Divorced					A						Spec/h	ucasian	
COMPLETED	15. OEC	EDENT'S EDU	CATION	180.	DECEDENT'S	USUAL OCCU	PATION		16b. KIN	D OF BUS	INESS/IND		weastall	
<u> </u>	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)				Iffe. Do NOT us	ork done during most of working e retired.)						100		
P P	10				Shipp	ing Clerk			Linen Factory			orv		
Ö	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle	E (First, Middle, Melden Surname)					
ш	Edward Bryant Mabry					Ethel Marie Anaheim							im	
TO B	19a. INFORMANT'S NAME (Type/Print)				19b. MAILING	ADDRESS (S	reet and Numbe	r or Aural F	Route Number, C	Ity or Town				
F	David M.				sa	me a	#10							
	20a METHOD OF DISPOSITI	ON Bem	oral Irom State	20b. PLA	CE AND DATE	OF DISPOSITIO			OATE			City or Tow		
	4 Donetion 8 Other	(Specify)		High	crematory or o	Mem.	Gar	dens	9/5	Fal	lsto	on.	Maryland	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	14	0	22. NAI	E AND ADDRE	SS OF FAC	CILITY				7	
	<b>▶</b> 111 /	Merch	don t	11.	111				neral					
	23. PART i. Enter the di	seesea, or o	complications the	caused the	death. Do r	ot enter the	Doda of dv	ert ts	ville	Or monit	ary.	Land	Approviment	
													interval Between	
	iMMEDIATE CAUSE (Fin disease or condition	1							Onset and Death					
	resulting in death)  a. Lung Cancar  DUE TO (OLAS A CONSEQUENCE OF):  3 Years													
-		_		(- <b>O</b>	OCO OCITOC O	,.								
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
S	cause. Enter UNDERLYI	cause. Enter UNDERLYING												
트	CAUSE (Disease or inju thet initiated events	^	DUE TO	(OR AS A CON	SEQUENCE OF	7:								
ᇤ	resulting in death) LAS	T C	d											
	PART ii. Other aignifice	nt condition	e contributing to	death but or	of requising	n the under	halan anaa	Abiala ta t	Desire Lan					
EDICAL	PART II. Other algorificent conditions contributing to death but not resulting in									PERFORA		1 4	WERE AUTOPSY FINDINGS	
	enrome openacine purmon					my dialose				1 TYES 2 NO			OF DEATH?	
Σ	DID TORACCO III	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH Y					0					1 🗆 YES 2 🗷 NO		
A	25. WAS CASE REFERRED TO		RIBUIE TO CA					CERTAIN	10					
PHYSICIAN	EXAMINER?	MEDICAL	HOSPITAL:		LACE OF DEAT	OTHER:	one)							
ΙΥS	1 YES 2 NO		1 Inpetient 2			4 M Nursing		esidenca	8 Other (Spi					
		Pending	28a. DATE OF (Month, D		28b. TIM	URY	WORK?		28d. OESCRIE	BE NOW IN	JURY OCC	URED		
B	2 Accident	nvestigation	20 21 122 2				YES 2	NO						
G		Could not be	building,	F INJURY — At etc. (Specify)	home, ferm, s	treet, factory,	office		281. LOCATION	N (Street en vn, Stete)	d Number	or Rural Ro	ute Number,	
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ō	one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) end menner se stated.													
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBER 29d. DATE SIONEO (Month, Day, Year)							
ш							D-44783 > 9-1-95							
BE	Monte	Mase	my my				D-	44	783		<b>&gt;</b> 0	9-1-	95	
ш	30. NAME AND ADDRESS OF	Mase PERSON WHO	O COMPLETED CAUS						ALC:		<b>&gt;</b> 0	7-1-	95	
BE	30. NAME AND ADDRESS OF MONTE M	PERSON WHI	COMPLETED CAUS	(11	W. HI				783 ELKTO,	w , r	40	7-1-	95	
B	30. NAME AND ADDRESS OF	PERSON WHI AKOU	COMPLETED CAUS		W. HI				ALC:	w , r	40	7-1-	95	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hos	TO THE FUNEFAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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0 1	2	be filed writtin 72 hours after death with the State Dept. of Health and Mental Hyghene prior to Durial, cremation, or removal,	MP
		-	_

Charles

31. DATE FILEO (MODEL DOS)

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						95 2	8289	
	FOR STATE STATE	OF MARYLAND /	DEPARTMENT OF	HEALTH AND M				
	1. DECEOENT'S NAME (First, Middle, Last)	- OL	MILICALE OF		REG. NO.			
2	EMERSON	Monroe	TODD	, Sr.	Aug. 30	1 9 9 5	9:10 pm	
	4. SOCIAL SECURITY NUMBER 5. SEX 218-30-2104 1 PM 2	6. AGE (In yrs. lest	and a second	11011000 10111	7. DATE OF BIRTH (Month, Day, Year)	Country)	ACE (State or Foreign	
1 3			THS.		May 6, 1933		Maryland	
	9e. FACILITY NAME (If not institution, give street end num		9b. CITY, TOWN	OR LOCATION OF DEA	TH 9c.	COUNTY OF DEA	ТН	
Ö	Memorial Hospital at E	Easton	Ea	ston		Talbot		
2	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY							
DIRECTOR	Maryland Dorche	ester	Toddvi				LIMITS?	
	10e, STREET AND NUMBER			of, ZIP CODE	T 40-	. CITIZEN OF WH		
FUNERAL	2548 Toddville Road		1	21672	109	US	AT COUNTRY?	
Z		CEDENT EVED IN ILC ADM	150 40 440 0					
	1 Never Married 2 Merried FORCE	ECEDENT EVER IN U.S. ARM S? 1 YES XX	o if yes,	Specify Cuben, Mexicen, Specify NO Specify:	C ORIGIN? (Specify Yes or No.) Puerto Ricen, etc.)	Black, V	- American Indian, Vhite, atc.	
B	3 Widowed 4 Divorced	GIVE WAR OR DATES	1 🗆 YE	S 2XX NO Specify:		Specify:	White	
ا ۾ ا	15. DECEDENT'S EDUCATION	16a DEC	EDENT'S USUAL OCCUPAT	CIONI	Ten your or evening	1		
	(Specify only highest grade completed)	(G/M	e kind of work done during r. Do NOT use retired.)	nost of working	16b, KIND OF BUSINES	S/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-	-4 or 5 +)	Waterman		Confor	.a		
	17. FATHER'S NAME (First, Middle, Lest)		waterman		Seafoo			
	Gillis Swain Tod	d Cm			E (First, Middle, Malden Surna	me)		
H				Maggie				
2	Shirley T. Todd	196.	MAILING AODRESS (Street 2548 Toddvi	G AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  B Toddville Rd. Toddville, Maryland 21672				
1 4	20a METHOD OF DISPOSITION 1 Å) Burlet 2 Cremetion 3 Removal from St	20b, PLACE AN	ND DATE OF DISPOSITION (	Varne of	OATE 20c. LOCATIO	N — City or Town	State	
	1 N Burlet 2 Cremetion 3 Ramoval from St 4 Donation 8 Dother (Specify)	tate cometery, crem	New Market	Cemetery			rket,Md.	
1	21. SIGNATURE OF SUNERAL SERVICEAUCENSEE	1 2000		ANO ADORESS OF FACI		. New Ha	rket, nd.	
1 1					Home, P.A.			
ш	How wo former		700 I	ocust St.	Cambridge,	Marylan	d 21613	
	23 PART L/Enter the diseases, or complication	ns that caused the dea	th. Do not enter the m	ode of dying, such	as cardiac or respirator	y arrest,	Approximats	
	shock, or heart failure. List only or	ne cause on each line.	^		1. 1. 0	1	Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final	1						
	iMMEDIATE CAUSE (Final disease or condition	spect a	Pillo UL	uneoud	lial Intar	ction	1 hr.	
		spect a	eule W	yocard	lial infan	ction	1.hr.	
-	disease or condition	Spect a	DULL WE DENCE OF):	yoeard	lial intan	ction	I.M.	
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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Di Nancli MT

32. APRISTRANS SIGNATURE

Jaha Wandish Sahall

29c. LICENSE NUMBER
3899

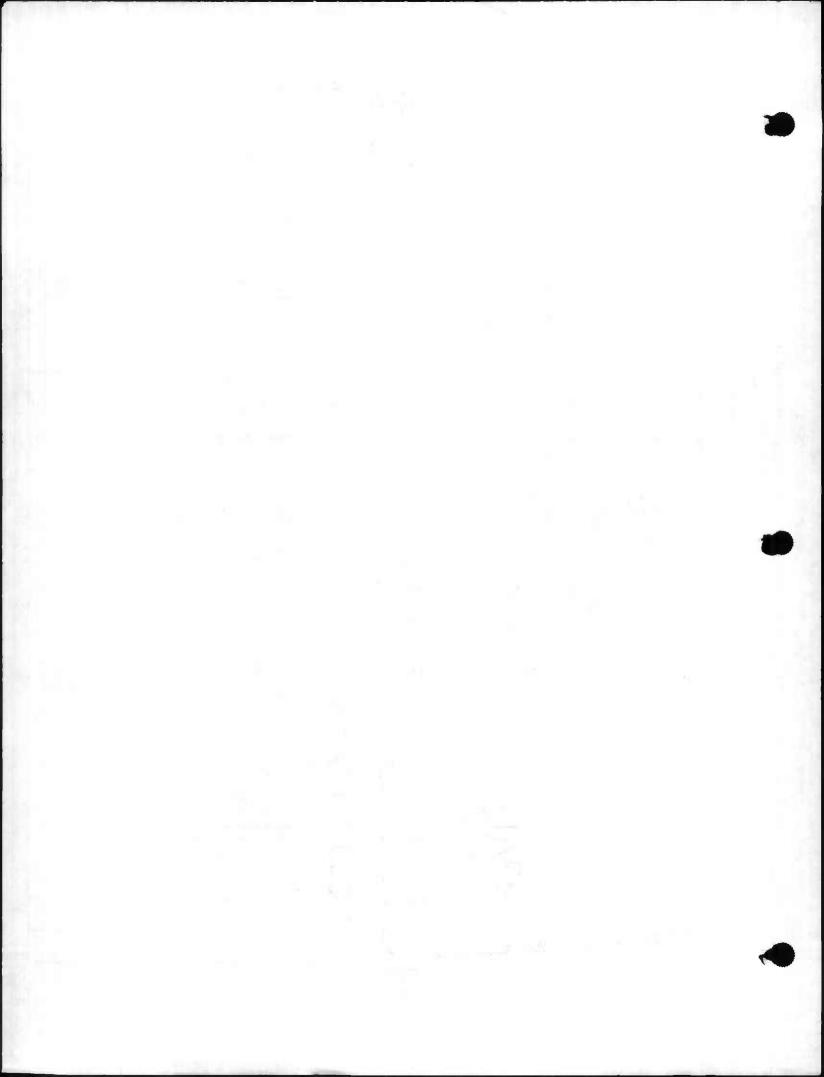
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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Furs after death. Page 6 may be retained by the hospital or attending physician.

I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Furs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	on, or removal.	e medical examiner must be notified at once.
PHYSICIAN: The law requires that the death certificate be executed within.		h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with 1	IMPORTANT: If Item 28 is marked

REGISTRAR  1. DECEDENT'S NAME (First, Middle, i	ast)			E OF DEATH		REG. NO.			3. TIME OF DEATH		
Dora Catheri	ne Allen T	imme			0.7	1 DAY	199	FAR	5.10 1		
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest bi		T T	7. DATE	OF BIRTH			PLACE (State or Foreign		
214-28-3412	1 □ M 2 🔀 F	78	YRS. MONTHS	DAYS HOURS MIN.	07	-15-15	5		ryland		
9a. FACILITY NAME (If not institution,	give street and number)		9b. CIT	Y, TOWN OR LOCATION OF	DEATH		9c. COUNTY	Y OF DE	ATH		
510 Market			De	enton			Caro	li	ne		
RESIDENCE OF DECEDEN		OR LOCATION					10d. INSIDE CITY				
	Maryland Caroline Denton								10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
10a. STREET AND NUMBER							10a. CITIZE	N OF W	HAT COUNTRY?		
510 Market	Street			21629			USA	A			
11. MARITAL STATUS	12. WAS DECEDENT E		D 13.	WAS DECENDENT OF HISP				. RACE	- American Indian,		
1 Never Married 2 Married	IF YES, GIVE WAR	YES 2 NO		If yes, specify Cuban, Mexi- 1 ☐ YES 2 ☒ NO Specific		Rican, etc.)		Specif	y:		
3 Widowed 4 Divorced									White		
15. DECEDENT'S (Specify only highest		16a. DECE (G/ve	DENT'S USUAL C	OCCUPATION during most of working	16b	. KIND OF BUSI	INESS/INDUS	STRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)			nemaker	н	ome He	aalth	,			
7 17, FATHER'S NAME (First, Middle, Las	1	NUL	36/11011			Middle, Maiden S		1			
					200			7 7			
Bennett C.  19a. INFORMANT'S NAME (Type/Print)	arien	19b. R	MAILING ADDRES	SS (Street and Number or Run		arring			Len		
Wilbur Timm				Dr. Gras					20		
20s. METHOD OF DISPOSITION		20h PLACE AN	O OATE OF DISI	POSITION /Name	OAT	F 20c LOC	ATION - CH	v or To	wn. Stata		
1 Donation 8 Other (Specify)	Removat from State	Steve	ematory of other nsvill	e, Cemete	ry7/	2d Ste	evens	svi	lle,MD		
21. SIGNATURE OF FUNERAL SERVI	E LICENSEE	,		. NAME AND ADDRESS OF							
	/-	1 0 -		r versie in ie meentee en							
Kirks	10/ell	fei	$\supset$ T	om Helfen	bein						
23. PART I. Enter the discosés	or complications that of	fei		om Helfen	bein	d Chas	ster	Md	21619		
	or complications that ours. List only one cause	caused the deat	h. Do not ante	om Helfen O6 Shamro or the mode of dying, an	bein ck R och as cen	d. Chos diac or reapir	ster	Md	21619 Approximate Interval Between		
ishock, or haert fei IMMEDIATE CAUSE (Final disease or condition	or complications that cure. List only one cause	caused the death on each line.	h. Do not ante	om Helfen O6 Shamro or the mode of dying, an	bein ck R och as cen	d. Chos diac or reapir	ster	Md	21619   Approximate		
Shock, or haert fail	a. A Color	caused the death on each line.	h. Do not ante	om Helfen	bein ck R och as cen	d. Chos diac or reapir	ster	Md	21619 Approximate Interval Between		
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PLACE OF DEATH / ER: 28. PLACE OF DEATH / ER: 28. INJURY AT WORK? 1  YES 2 NO retory, office	n Part i.  Check only o  28f. LOC  Chy  use to the cathe time, dat  UMBER	24a. WAS AN / PERFORI 1 YES 2  Per (Specify) SCRIBE HOW IN  CATION (Street a or Yown, State)	AUTOPSY MED?  NO NURY OCCU IND Number of diese to the	24b.	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onse		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remoral.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last	0		2. DATE OF DEATH		3. TIME OF DEATH					
	Evelyn D	. Iranmell		Sept. 2		95 3:00 A. M					
	4. SOCIAL SECURITY NUMBER	0 -	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTNPLACE (State or Foreign Country)					
	214-16-5342	1 M 2 M 7 YRS.		March 24	1912	Ohio					
<u>~</u>	9a. FACILITY NAME (If not institution, give	street and number)	b. CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNT	Y OF DEATH					
Ę.	RESIDENCE OF DECEDENT WORK PRESIDENCE OF DECEDENT WORK										
DIRECTOR	10a STATE 10b. COUN	TY 10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY					
	Maryland Wi	comico Sai	lisbury			LIMITS?					
3≱L	100. STREET AND NUMBER	10.	10f. ZM CODE		10g. CITIZE	N OF WHAT COUNTRY?					
FUNERAL	7307 1-esen	t Drive	11801			1.5 1					
	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 240	13. WAS DECENDENT OF HISP/ If yea, specify Cuben, Maxic	ANIC ORIGIN? (Specify Ye an, Puarto Rican, etc.)	s or No- 14	. RACE — American Indian, Black, White, atc.					
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 YES 2 NO Spec	lly:		Specify:					
8	15. DECEDENT'S ED (Specify only highest grad		BUAL OCCUPATION is done during most of working	16b, KIND OF BU	SINESS/INDUS	THY					
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	etired.)	011.		1 4					
COMPL		- HCCOUN		Dalti	nore	COUNTY					
	17. FATNER'S NAME (First, Middle, Last)	li-	18. MOTNER'S N	AME (First, Middle, Malden	Sumame)						
BE	19a, JNFORMANT'S NAME (Type/Grint)	195 MAILING A	DORESS (Street and Number of Rura	Maren	5						
5	Cample Kndy	19112 8080	Bowlend Road	10	K a	Md 11051					
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re	20b. PLACE AND DATE OF	DISPOSITION /Name of .		CATION - DIE	y or Yown, State					
	4 Donation 5 Other (Specify)	Salisbur	Cremo tow	9/2 Sa	lisbu	ry Md					
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE	Melson Fun	ACILITY Hope		/					
	Swit S.	Melson	PO Roy LH.	Promote	Mil.	11851					
	23. PART I. Enter the diseases, or	complications that caused the death. Do not a List only one cause on each line.	enter the mode of dying, su	ch aa cardiec or reap	iratory arrea						
	IMMEDIATE CAUSE (Final	. List only one cause on each line.				Interval Between Onset and Death					
	disease or condition resulting in death)	. Kena O For De	no								
		DUE TO (OR AS A CONSEGUENCE OF):									
NO.	Sequentially list conditions, if any, leading to immediate	DUE OD (OR AS A CONSEQUENCE OF):									
CAT	cause. Enter UNDERLYING	· Saluer Slan	al abear			1					
E	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	reaulting in death) LAST	4.									
AL C	PART II. Other algorificent condition	one contributing to death but not resulting in	the underlying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS					
				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ME					700	OF DEATN?					
ż	DID TOBACCO USE CON	TRIBUTE TO CAUSE OF DEATH YES	□ NO □ UNCERTAL	N 🗆							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (	(Check only one)								
XS	1 YES 2 NO	Inpetient 2 ER/Outpetlant 3 DOA 4	☐ Nursing Home 5 ☐ Rasidence	8 Other (Specify)							
	27, MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME O	Y WORK?	28d. DESCRIBE NOW	NJURY OCCUP	NED					
B	2 Accident Investigation 3 Suicide	28s PLACE OF IN HIRV - At home less stee	M 1 YES 2 NO	28I. LOCATION (Street	and Mumber or	Dural Courts Number					
	4 Homicide 8 Could not be determined	building, atc. (Specify)	on the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	City or Town, State)	and Namber of	Hore Home Number,					
COMPLETED	29a. CERTIFIER CERTIFYING PNY	SICIAN: To the best of my knowledge, death occurred a	of the time date and place, and du	I to the seconds and made							
NO.	(Check only one) 2 MEDICAL EXAMIN	IER: On the beals of examination and/or investigation, i	in my opinion, death occured at the	time, data and place, an	d due to the c	suse(s) and manner sa stated.					
	296. SIGHAPHRE AND TITLE OF CERTIFIE		29c. LICENSE NU			IGNED (Month, Day, Year)					
98	Xuo In	200	H43	716	Þ 9	12/95					
٩	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pt	5 0			FIF					
12	11260 120	authory Kd 1	serlin M	0 218	311						
12	SEP 0 5 1995	Jalin Dendon Rudoll									

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

	;	1. DECEDENT'S NAME (First	, Middle, Lest)		(NM)	T.)	TU	ORNE	OLA.		2. DATE OF I	DEATH	10%	3. TIME OF DEATH	-
		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In y			UKNE ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	BIRTH	0. BI	THPLACE (State or Form	A M
20		577-60-5353	95	) YF	IS. MONTHS	DECEMBER 13, 1899 M			MARYLAND						
3 should	۳ ا	9e. FACILITY NAME (If not Institution, give street and number) 6509 ELK COURT					9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH				
1, 2,	CIO	RESIDENCE OF DEC					WALDORF				CHARLES				
permit. Pages	DIRECTOR	MARYLAND CHARLES				10c	CITY, TOWN		DORF				10d. INSIDE CITY LIMITS? 1 YES 2XXNO		10
permit		10e. STREET AND NUMBER			-	. ZIP CODE			1	0g. CITIZEN C	F WHAT COUNTRY?	-			
burial-transit	FUNERAL	6509 ELK CO	URI	I 12 MMC DECEDEN	T FIVER MILL	0. 40450				2060				STATES	
e i	E A	1 Never Married 2 3 Dive	rced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W			1.	If yes, sp		n, Mexican	IC ORIGIN? (S		8	ACE — American Indian, llack, White, atc. HITE	•
e e e e e e e e e e e e e e e e e e e	ED	(Specify on	EDENT'S EDU y highest grade	completed)		(Give kin	NT'S USUAL of work don OT use retired	e durina ma	ON ost of workin	ng	16b. KIN	D OF BUSIN	ESS/INOUSTR	Y	7
once.	COMPLET	Elementary/Secondary (1	1-12)	College (1-4 or 5 +	•)		PECTO	,			UNI	TED S	TATES	GOVERNMENT	٢
at once.	ဂ္ဂ် ပ	17. FATHER'S NAME (First, A GEORGE THOR									E (First, Middle				
2 2	H H	190. INFORMANT'S NAME (				19b. MAI	LING AODRE	SS (Street e	_	_	LICE M				_
be not	2	GEORGE H. M	EYER											INIA 22192	<u> </u>
must b		204 METHOD OF DISPOSIT  1 Burlal 2 Crematic  4 Donation 5 0 Other	n 3 🗆 Rem	oval from State	20b. PL	NITY	MEM Place	GDNS	ame of	PT. 8	DATE	20c. LOCAT	TION — City o		)
i. examiner	i	TRINITY MEM. GDNS. SEPT. 8, 1995 WALDORF, MARYLAND  TRINITY MEM. GDNS. SEPT. 8, 1995 WALDORF, MARYLAND  THE HUNTT FUNERAL HOME, INC.													
		MARK G. BROHAWN M00053 P.O.BOX 156, WALDORF, MARYLAND 20604  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapratory arrest,   Approximate													
Adapting projected and Compressly med in by in the Hygiene prior to burial, cremation, or removally, or other traumatic event, the medical	CEMIIFICATION	iMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condit if any, leading to immediates. Enter UNDERLY CAUSE (Disease or injuited in intitated events resulting in death) LAS	ions, dilete NG	a. Reco	OR AS A CO	onsequence of the consequence of	E OF):	Law X-	? (	e aud	erf	hing	}	Interval Bets Onset and D	
0 9 5	EDICAL C	PART II. Other aignificent conditions contributing to death but not resulting in the underlyin							g ceuse g	piven in P		YES 2	D?	24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	USE
5 6 6	2	DID TOBACCO U	SE CONT	RIBUTE TO CA	USE OF D	DEATH	YES 🗆	NO [	UNC	ERTAIN				1 YES 2 NO	,
State De	2	25. WAS CASE REFERRED T EXAMINER? VAYES 2 NO	O MEDICAL	HOSPITAL:			OTHE	en.		_					
th the State Dept. d, or Item 23 sl	PH TSICIAN:	27. MANNER OF DEATH		1 Inpatient 2 I	INJURY		TIME OF	26c. INJ	JURY AT		28d. DESCRIE		IRY OCCURED		
温度 81 日			Pending Investigation	(Month, Di	ny, Year)		INJURY M	WO	YES 2						
1 00 Her	2		Could not be determined	26e. PLACE Of building,	F INJURY — A atc. (Specify)	At home, fe	rm, etreat, fa	ctory, offic			28f. LOCATION	N (Street end wn, Stete)	Number or Rui	ral Route Number,	
7 P = 1 4	COMPLE			CIAN: To the best of										e(s) and manner ee state	ed.
PORT P	O BE C	29b. SIGNATURE AND TITLE		ーズンん	adn	~			29c. LICE	NSE NUME	60	- 1		EMBER 5, 1	995
'		NIREN N. BI						D. W	ALDOR	RF. M	IARYI AN	ND 206	502		
		31. DATE FILEO (Month, Day, SEP 0						- ,		. , ,					
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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	0
	100
	COUTS! OD ATTENDAGE DEVOCAME. The law consists that the death confidence he associated within 25 hours about

DAYS HOURS MIN. 1 X M 2 - F 578-32-4612 Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SOUTHERN / MARYLAND DIRECTOR HOSPITAL 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD WALDORF permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 2566 SNOWHILL COURT 20602 funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 X Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 MECHANIC 17. FATHER'S NAME (First, Middle, Last) GARLANS T. THOMAS MARY JOHNSON notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2566 SNOWHILL CT., WALDORF, MD 20602 9 EARNESTINE BLAKE Page 6 may be pe 20s. METHOD OF DISPOSITION

Y Burlat Cremation 3 
4 Denotion Disposition 20b. PLACE AND DATE OF DISPOSITION (Name of must cemetery, cremetory or oHARMONY examiner ROBERTO COREMASON FUNERAL HOME 1661 GOOD HOPE ROAD, S.E. filled in by the fullon, or removal. medical seases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heert feliure. List only one ceuse on each line. ŏ CERESTOR IMMEDIATE CAUSE (Finei VASCULAR cremation, the disease or condition completely resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): METURIOS CLEZOTIC CARPIO VASCULAR DISCASC and com CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):

PLEV MULL POT cause. Enter UNDERLYING other t CAUSE (Disease or injury that initiated aventa resulting in desth) LAST 0 the atten Mental 1 PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL and shows any CACHEXIA ASPIRATION PNEVMONITIS DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate b OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? this ( marked. 1 Natural M 1 YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 60 3 Sulcide COMPLETED 6 Could not be DIRECTOR: hours after 28 4 Homicide item 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the beals of exa stion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER Plants 29c. LICENSE NUMBER 00 BE 2 A N/LO 6 LEE MD D/.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DA N/LO 9 060 BRANCH AVENUE CLINTON 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE AUG 31 1995

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

THOMAS

8. AGE (In yrs. last birthday)

95 28293 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH AUGUST 18' 10.20 1995 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 08/13/27 MD 9c. COUNTY OF DEATH PRINCE GEORGE 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: BLACK 16b. KIND OF BUSINESS/INDUSTRY TEMPLE HILLS GARAGE 18. MOTHER'S NAME (First, Middle, Malden Surnam DATE 20c. LOCATION — City or Town, State 08/24/95 LANDOVER, MD Approximate Interval Between Onset and Death 36 HRS MOLENTS PAYS 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 -NO 1 TYES 2 T NO

26d. DESCRIBE HOW INJURY OCCURED

LEE

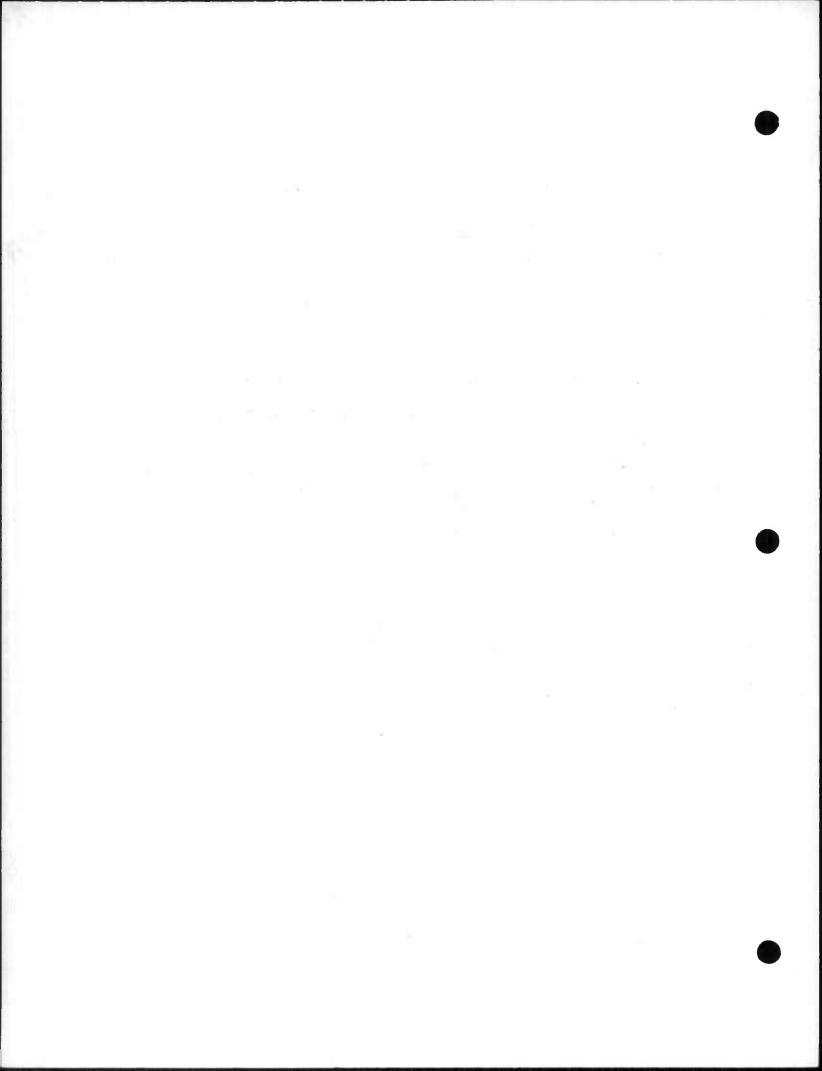
MD

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

18-18.9

DHMH-18 Rev 1/89



Dr. Sam Tellawi,
31. DATE FILEO (Month, Dey. Year)
SEP 0 8 1995

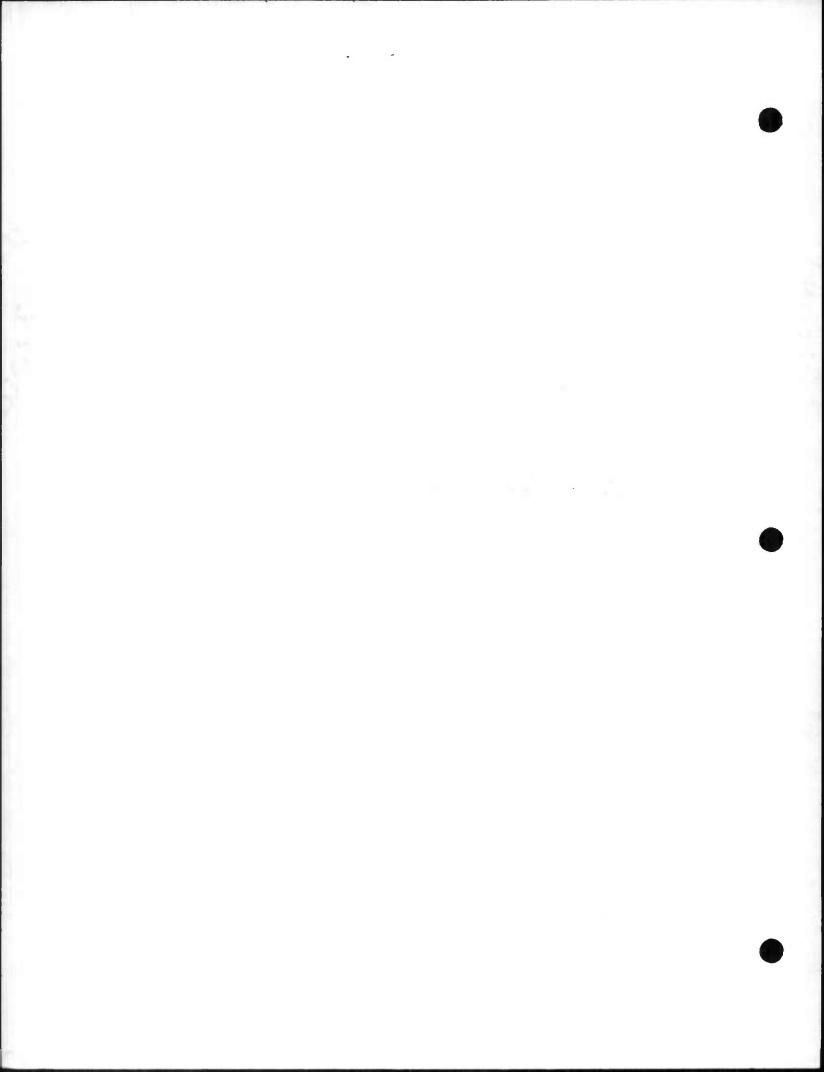
32. REGISTRAR'S SIGNATURE
Julia Davidson Randall

TO THE HINGPITAL OR ATTENDING PHYSICIAN The law remaines that the death cardifords he secured within 20 hours often flows B may be received to the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of the secure of
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

				~					95	28294
	1 - STATE REGISTRAR	STATE OF M				HEALTH AND		YGIENE EG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)	WILLIAM					2. DATE OF O	EATH		3. TIME OF QEATH
	WILLIAM	n T	-//-	us			Sept.	6. 19	995	12:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA		. 7. DATE OF B	RTH	e. BIRT	HPLACE (State or Foreign
	219-58-7768	1 🖳 M 2 🗆 F	41	YRS.	MONTHS DAY	B HOURS MIN	Oct.		53 Ch	meverly. MD
	Se. FACILITY NAME (If not institution, give a	treet end number)			96. CITY, TOW	N OR LOCATION OF			COUNTY OF	
l R	WEllington Manor	Nursina H	Home:		C.	inton		F	r. Geo	raec
DIRECTOR	RESIDENCE OF DECEDENT  10a. BTATE  10b. COUNTY			40.00	Y, TOWN OR LO				1. 000	
E		ince Geor	cool a		eltenha					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Title Geor	ge s	CH	ercenna	101, ZIP CODE		1.0		1 YES 2 XNO
FUNERAL	P. O. Box 83			-		206	:22	104		WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEOEN	FVER IN II S	ABMED	12 WAS I	ECENDENT OF HIS		- M. M A		ISA
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes,	specify Cuban, Max	ican, Puarto Rican,		Blec	E — American Indian, ck, White, etc.
B	3 Widowed 4 Divorced	11 123, 0112 10	AN ON DATES		, , ,	ES 2 NO Spe	ioffy:		Whi	
COMPLETED	15, DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. I	DECEDENT'S	USUAL OCCUPY work done during	TION most of working	16b. KINE	OF BUSINES	SS/INDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+		life. Do NOT us	se retired.)	most of working				
₹	8		G	lass	Mechani	.C	G.	lass C	Company	,
	17. FATHER'S NAME (First, Middle, Last)					The second second	NAME (First, Middle,			
BE	James William Tho	mas					h Elizal			S
2			- 2			at and Number or Rur				
	Charlene M. Thoma:	S				30, Rich				
	1 XBurial 2 Cremation 3 Rame	oval from State	cemetery c	crematory or o	The place		9_9		ON — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ()	Res	urrec		metery		wardo	orf, MD	
	· Yout A	Droka	um			t Funera				
	/ Mark G. Br		100053			). Box 15				4-0156
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications that List only one caus	ceused the e se on each lie	deeth. Dor ne.	ot enter the	node of dying, a	uch as cerdiac o	or reapirator	ry arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	10	-0-	6						Onset and Death
	reaulting in death)		OR AS A CONS	-						243
_		DOE 10 (	OR AS A CONS	EUUENCE U	-):					
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (	OR AS A CONS	EOUENCE OF	ŋ:					
S	cause. Enter UNDERLYING CAUSE (Disease or injury									
빌	that initiated eventa	OUE TO (	OR AS A CONS	EQUENCE OF	7:					
	resulting in death) LAST	1								
0	PART II. Other algnificant condition	a contributing to	death but not	regulting	n the underly	Ing cause given	In Part I 24a	WAS AN AUTO	neev Jan	. WERE AUTOPSY FINDINGS
MEDICAL	501711915		mia			mg outloo given		PERFORMED		AMILABLE PRIOR TO COMPLETION OF CAUSE
	300	1 /3100	11000				—   ¹ º	YES 2	10	OF DEATH?
≥	DID TOBACCO USE CONTE	PIRLITE TO CAL	ISE OF DE	ATH YE	SILNO	W UNCERTA	IN D			1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				H (Check only or					
Sic	EXAMINER?  1 Tes 2 To No	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	ome 5 🗆 Residenc	a & C Other (Sne	odb.t		
PHY	27. MANNER OF OEATH	28a. DATE OF I	NJURY	26b. TIM	E OF 28c.	NJURY AT	28d. DESCRIBI		Y OCCURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, De	y, 10ar)	INJ		WORK? YES 2 NO				
ED	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At I	home, term, s	treet, factory, of	fice	281. LOCATION City or Tow	(Street and N	lumber or Rural I	Route Number,
EE	4 Homicide datarmined						Only or now	ir, State)		
IPL.	29a. CERTIFIER 1 CERTIFYING PHYSIC									
COMPL	one) 2 MEDICAL EXAMINES	R: On the basis of ax	mination and/o	r Investigatio	n, in my opinion	, death occured at t	he time, date and p	lace, and due	s to the cause(s	s) and manner as stated.
l w l	29b. SIGNATURE AND TITLE OF CERTIFIER	-	7/1-	1		29c. LICENSE N	UMBER	29d	I. DATE SIGNED	(Month, Day, Year)
TO B	Saw	19	KILL			1034	1274	▶	9-	8-95
-	30. NAME AND ADDRESS OF PERSON WHO					Annua Maria	20725			
	Dr. Sam Tellawi	, //00 01	d Bran	ich Av	e, Clir	nton, MD	20735			

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

		HEGISTHAH		CERTIF	ICATE (	OF DEATH	REG. N	O.		
		1. DECEDENT'S NAME (First, Middle, Last)	THOMPSON				2. DATE OF DEATH MONTH	DAY 1	YEAR	TIME OF DEATH
		BARBARA VIRGINIA  4. SOCIAL SECURITY NUMBER					September	6, 19	95   6	:53 PM M
9		203-20-6160	1 🗆 M 2 💢 F	70 YRS.	MONTHS DA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) March 20	1925	Country)	sylvania
3 should	æ	9a. FACILITY NAME (If not institution, give st				WN DR LOCATION OF D		9c. COUNT	Y OF DEATH	н
1, 2, 3	DIRECTOR	PHYSICIANS MEMORIAL HOSPITAL LA PLATA CHARLES								
	E E	10a. BTATE 10b. COUNTY		10c. CIT	TY, TOWN OR L			, 10d. INS		d. INSIDE CITY LIMITS?
permit. Pages		Maryland Charl	es		Waldorf					
us.	FUNERAL	2151 Freemantle	Court			101. ZIP CODE 2060	)2	10g. CITIZE	USA	T COUNTRY?
215-0020 attending physician. se as the burlal-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Tyes IF YES, GIVE WAR DR	B 2 XND	If yo	DECENDENT OF HISPA s, specify Cuban, Maxic YES 2 X NO Speci		es or No — 14	Specify:	American Indian, hita, etc.
1215 attend	G	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF B	USINESS/INDUS		iiiicc
21 tal or for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)	g most of working				
LAND 2 the hospital detached to	M M	UNK NOWN 17. FATHER'S NAME (First, Middle, Last)		House	wife			Home		
YLA by the be de	E C	Edward J. Smith				721	AME (First, Middle, Meide is Beales	n Surneme)		
MAR retained to 5 should	00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St		Route Number, City or To	wn, State, Zip Ci	ode)	
be reta	유	Barbara A. Reed					Waldorf, M			
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1	oval from State Ce	b. PLACE AND DATE	of DISPOSITIO	rematory S	DATE 20c. L	ocation – cir	ia, V	State A
2 0 = 0		21. SIGNATURE OF FUNDALL SERVICE LIC	Elew-	M0017	3 J.H 118	Eberweir 55 Holly L	Mortuary a 104 Wal	dorf, i	MD 20	0601
(OX 68760)  e be executed within 24 hours after e be executed within 24 hours after sician and completely filled in by th whor to burial, cremation, or remova traumatic event, the medical	NC	23. PARO Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR AS	PISUMOT  A CONSEQUENCE OF	HORAY HONES	- / INTUB		piratory arres	it,	Approximate interval Between Onset and Death
BOX cate be ex thysician a e prior to or traum	RTIFICATION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  DIF TO (DR AS A CONSEQUENCE OF):  C. DIF TO (DR AS A CONSEQUENCE OF):								
	띮	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A CONSEQUENCE OF):							
. 0 DF L	ERI	resulting in death) LAST	CH.	RONIC	AST4	hed				
DS, P he death the atten Mental h njury, o	L CE	PART II. Other algnificent conditions	contributing to deeth	but not resulting	in the under	ving cause given in	Part I. 24s, WAS A	N ALITOPEV	245 WEI	RE AUTOPSY FINDINGS
FECORDS, P w requires that the death been signed by the atter of, of Health and Mental in 3 shows any injury, o	DICAL	SEVENE HTA		OR PULL			PERFO	PRMED?	AWA	ILABLE PRIOR TO MPLETION OF CAUSE
puires  quires  healt	MED	DEPRESSION					1 TYES	X X NO		DEATH?
AL RE law requ has been Dept. of 1	ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	OF DEATH YE	S NO	UNCERTAL	N 🗆			3
ITAL I: The Ian cate has State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	TH (Check only	one)				
F VIT. SICIAN: The certificate to the State I, or iten	1YS	1 TYES 2 X XHD	1 Inpetient XIX ER/Out		4 - Nursing	Home 5 - Residence				
NG PHYS fler this ceath with marked,	BY PF	1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	IN.	JURY M 1	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED	
DIVISION OF VITA  OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate ha hours after death with the State D  Item 28 is marked, or Item ?	ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, etc. (Spe	Y — A1 homa, larm, ecify)	atreet, factory,	office	281. LOCATION (Street City or Town, State	and Number or i)	Rural Route	Number,
SPITAL DR A NERAL DIREC hin 72 hours NT: If Item	COMPLET		CIAN: To the best of my known:  3: On the basis of examination							d manner as stated.
TO THE HOSPITAL TO THE FUNERAL ( be filed within 72 h	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	FAK	x Leor	2	29c. LICENSE NU	MBER 467			nth, Day, Year)
0=	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	, Print)	rive #5 Wa	aldorf, MD		/	,
		31. DATE FILED (MONT), Day, (817) 1995	32 BEGINTRAN'S SIGN	NATURE Randall	omas D			20002		
		01 0 0 1333	June Willer	sor hardall						



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3	fler death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law		be filed within 72 hours after death with the State Dept	PORTANT: If item 28 is marked, or item 23
2	2	90	Ξ

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

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0 31.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 1995 YEAR Evelyn Matilda Teat August 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Country) July 19, 1914 Maryland 217-09-4835 1 M 2 X F 81 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 600 Duhamel Cornor Road ( AT HOME Marydel Queen Annes RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Queen Annes Marydel 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 600 Duhamel Cornor Road 21649 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or Noif was specify Cuban, Maxican, Puarto Rican, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto R
1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Homemaker Domestic / Own Home 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME /First. Middle Meiden Surname Herbert C. Frazier Mary Elizabeth Osborn 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Edith Davis 5005 Sudlersville Road, Clayton, Delaware 19938 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Burial 2 Cremation 3 Removal from State Templeville Cemetery - August 15, 1995 ☐ Donation 5 ☐ Other (Specify) _ Templeville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Fellows Funeral Homes, P.A. William L. King Jr. 370 Cypress Street, Millington, Maryland 21651 23. PART i. Enter the diseases, or complications that caused the death, do a shock, or heart feiture. List only one cause on each line. enter the mode of dying, such as cardisc or respiretory arrest, Approximate interval Between IMMEDIATE CAUSE (Finel **Onest and Death** Renal diseese or condition_ acule resulting in death) DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate . Enter UNDERLYING enkenn CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in deeth) LAST PART ii. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY probable GI MAIIS NAM PERFORMED? OCEU 17 1 YES 2 NO OF DEATN? いいた monlug 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF BEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Nome 5 | Masidence HOSPITAL: 1 TYES 2 NO ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Pay Por 1 Natural 5 Pending 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building. etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide determined 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated, (Check only one)

2	MEDICAL EXAMINEH: On the ba	ala of axamination and/or investigation, i	n my opinion, death occure	d at the time, data and place, a	and due to the cause(s) and me	nner as stated
ne and	vert a ne comments 27	N. Committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the com			7	

296. BIGNATURE AND TETLE OF CERTIFYER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
and the	D 36054	× 8/16/95

30. NAME AND ADDRESS OF THE ON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CAF

DATE FILED (Month, Day, Year)  AIG 17 '95	32. REGISTIAN'S SIGNATURE Fundale

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

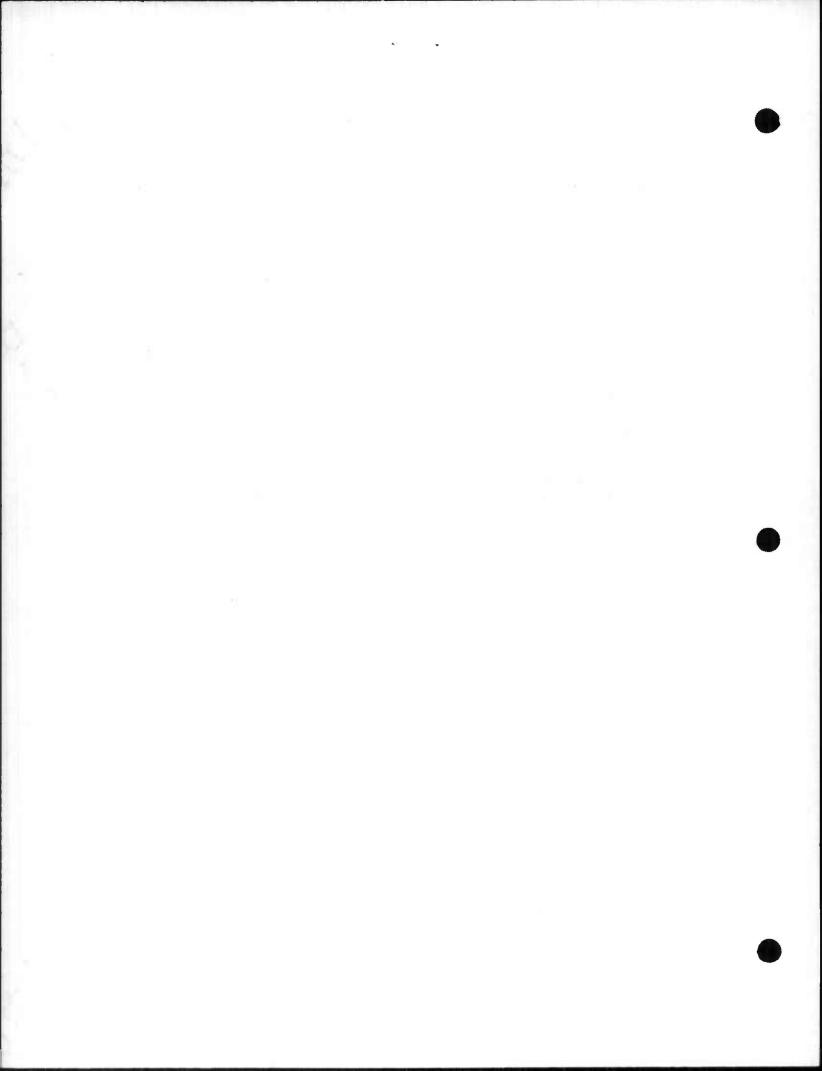
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ICALE OF		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Lest)  Joseph	Lee		Vincent		2. DATE OF OEATH September 4.	1995 YE	3. TIME OF OEATH 2:00 Pm M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	217-78-0403	1 X M 2 🗆 F	37 YRS.	MONTHS DAYS	HOURS MIN.	July 19 1	! .!	Country)			
	9a. FACILITY NAME (If not institution, give at	met and number)	0,	Oh CITY TOWN	OR LOCATION OF D			ansas			
Œ	Physicians Memorial H					EAIN	9c. COUNTY				
2	RESIDENCE OF DECEDENT	ospitai		La Plat	a		Charle	es			
DIRECTOR	10e. STATE 10b. COUNTY		10c, CI	Y, TOWN OR LOCA	TION			10d. INSIDE CITY			
1 5	Manuland Cha	41						LIMITS?			
	Maryland Cha	rles		Waldor				1X YES 2 NO			
RA I				10	H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	3110 Heathcote Ro				20602		US	A			
=	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMEO	13. WAS OE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.			
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		3 2 NO Specif	m, Puerto Rican, etc.)		Specify: White			
	3   Wildowed 4   Diverced				-/\			wille			
	15. OECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16a. DECEDENT'S	USUAL OCCUPATE work done during me	ON set of wastring	16b. KIND OF BUS	INESS/INDUST	RY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ost or working						
	12		Landsca	per		Lands	caping				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden					
BE	Joseph H. Vincent					tte Smock					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Town					
임	Tammy M. Vincent					aldorf, Ma					
1 1		20	b. PLACE AND DATE				CATION — City				
1 1	20s. METHOD OF DISPOSITION  1X Burtel 3 ☐ Cremetion 3 ☐ Remo 4 ☐ Donetton IS ☐ Other (Specify)	real from State Co.	ary land	ther place)		1					
1 1	21. SIGNATURE/OF PLYNERAL SERVICE LICE	ENGEE [V]	aryland	veterans	ND ADDRESS OF FA	9+8-95 Che	ltenha	m. MD			
1 1	1.W W 1		M00173			Mortuary					
	1 10 Kar/01 /1	ran_		4433	White D1	s La White	Dic	MD 2060E			
	23. PAST I. Enter the diseases, or co	omplicatione that cause	d the death. Do	not enter the mo	de of dylng suc	h as cardiac or mani	retory arrest	Approximata			
1 1	anock, or neart tailure. L	lst only one cause on	each line.		o. a,g, o	aa cardiac or respi	atory arrest,	Interval Between			
1 1	IMMEDIATE CAUSE (Final disease or condition	A. id	Thomas			Code		Onset and Death			
1	resulting in death)	Acquired	Timar	ougic	uncy.	growome		1540			
1 1		OUE TO (OR AS	A CONSEQUENCE O	F):	·						
No.	Sequentially list conditions,										
F	If any, leading to immediate	DUE TO (ON AS	A CONSEQUENCE O	F):							
일	cause. Enter UNDERLYING										
	CAUSE (Disease or Injury C	DUE TO (00 40	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
曹	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	K CONSEQUENCE O			resulting in death) LAST					
ERTIF	CAUSE (Disease or Injury C	DUE TO (OR AS	N CONSEQUENCE O								
L CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST			In the underlyin	O Cause olven in	Part I 24a MBS AN	ALITMPSV I	24b WEDS ALTOGOV STANDAGO			
	CAUSE (Disease or injury that initiated events resulting in death) LAST			in the underlyin	g cause given in	Part I, 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algoriticant conditions  Anemia.	contributing to death i	out not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MED?				
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VINEYARD AUGUST 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or For IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 X F DAYS HOURS YRS. 222-22-2036 93 JULY 27 UNKNOWN Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? DEL. KENT HARRINGTON 1X YES 2 | NO permit. FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 74 CLARK ST. 19952 U.S.A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indien, Black, White, atc. ☐ Never Married 2 ☐ Married BY 3 Wildowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE AT HOME once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F HARRY HOFFMAN BE UNKNOWN notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20901 2 PAUL VINEYARD CT. 10819 TENBROOK SILVER SPRING, MD. 9 20e. METHOD OF DISPOSITION
1 Duriel 2 1 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, CHAMBERS CREMATORY 4 Donation 5 Other (Specify) 8/26 RIVERDALE, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SILVER SPRING, MD. Kamberell M00091 W. W. CHAMBERS CO. INC. and completely filled in by the 1 o burial, cremation, or removal. 20910 hours after medical 23. PART i. Entar tha diseeses, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ event. resulting in death) ando vocala Desere traumatic CERTIFICATION Sequentially list conditions, 0 If any, leading to immediate been signed by the attending physician at. of Health and Mental Hygiene prior to 2 cause. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST 5 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY any 1 TYES 2 NO OF DEATH? Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. AMP. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL 136 Hem DIRECTOR; After this certificate hours after death with the State OTHER: OR ATTENDING PHYSICIAN: 1 YES 2 DINO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Netural M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, offica building, stc. (Specify) .99 ETED ! 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 28 determined Item 29a. CERTIFIER
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL FUNERAL Within 72 P == 2 MEDICAL EXAMINER: TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 8 stion and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED



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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAN'S SIGNATURED

29d. DATE SIGNED (Month, Day, Year)

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29c. LICENSE NUMBER

006674

2309 SHOREFIELD

MD

ALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	j
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Annial Hygines prior permit available available available available available available available available available available.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH
		anian			8 24	95 6:35 PM
	4. SOCIAL SECURITY NUMBER		- MON	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	342-18-0439 98. FACILITY NAME (If not institution, give	1 M 2 □ F	72 YRS.		MAY 19, 192	
Œ	HOLY CROSS HOS		96.	CITY, TOWN OR LOCATION OF		c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT			SILVER SPRIN	<u> </u>	MONTGOMERY
뿐	10e. STATE 10b. COUNT			MN OR LOCATION		10d. INSIDE CITY LIMITS?
	MD. MON	TGOMERY	V	HEATON  101, ZIP CODE		1 🛛 YES 2 🗌 NO
NA N	11904 INDIGO	PD		1112200	11	Og. CITIZEN DF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	20906  13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes or	No. 14. BACE — American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES		If yes, specify Cuban, Mexi 1 ☐ YES 2 💢 NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific NO Specific	can, Puerto Rican, etc.)	Black, White, etc. Specify:
		WWII				WHITE
COMPLETED	16. DECEDENT'S EDU (Specify only highest grad	e completed)	(Give kind of work of life. Do NOT use retir	one during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY
3	Elementary/Secondary (0-12)	College (1-4 or 5+)	ENGRAVE		ATCC	GRAVURE CO.
Š	17. FATHER'S NAME (First, Middle, Last)				IAME (First, Middle, Maiden Sun	
BE	PETER V	ARTANIAN		SAJ	RAH KHESH	EDOTAN
TO BE COM	19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Run	of Route Number, City or Town, S	Itele, Zip Code)
		RTANIAN		S ITEM #10		
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Ren  4 Donation 6 Other (Specify)		to PLACE AND DATE OF DIS metery, cremetory of other DI CHAMBERS CF		61-0	ION — Cify or Town, State
	21. SIGNATURE OF FUNERAL SERVICE U		CHAMBERS CF	22. NAME AND ADDRESS OF I		ERDALE, MD.
	2/10/10/	morol	1/00000			20910
	23. PART I. Enter the diseases, pr	complication that are	M00091	W. W. CHAMBEI	RS CO. INC.,	SILVER SPRING, MD.
	ahock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition reaulting in desth)	List Drily Drie ceuse Dri	eech line.	umi	on an caronac or reaprrait	Approximate Interval Between Onset and Death
		DUE TO (DR AS	Α			
NO	Sequentially list conditions,	b. Peralu	A CONSEDUENCE OF:	uy		2 weeks
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	C. +A	mans ou	a damed		2 m HA
Ē	CAUSE (Disease or injury that initieted events		A CONSEQUENCE OF):	M ODWAY		- Manch
EH	resulting in death) LAST	d				
AL C	PART II. Other aignificent condition	na contributing to death	but not resulting in the	underlying cause given i	n Part I. 24s, WAS AN AUT	TOPSY 24b. WERE AUTOPSY FINDINGS
CA	rulmenan	emboli.			PERFORME	D? AVAILABLE PRIOR TO
MEDIC					1 Ø YES 2	OF DEATH?
N.	DID TOBACCO USE CONT	RIBUTE TO CAUSE (	OF DEATH YES	NO □ UNCERTA	IN 🗹	1 12 2 10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL	26. PLACE OF DEATH (Ch	eck only one)		
YSI	1 - YES 2 - NO	HOSPITAL: 1 1 thpetlent 2 ER/Out		HER: Nursing Home 5 ☐ Residence	6 Other (Specify)	
	27. MANNER OF DEATH  1	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJU	RY OCCURED
D BY	2 Accident Investigation 3 Suicide A Could not be	28e. PLACE DF INJUR	Y — At home, ferm, street,		28f. LOCATION (Street and I	Number or Rural Route Number,
Ш	4 Homicide determined	hullding atc (Specify)				
COMPLET	29a. CERTIFIER 1 DEERTIFYING PHYS	ICIAN: To the best of my know	viedge, dasth occurred at t	he time, data and place, and du	e to the cause(a) and manner	se stated.
O						us to the cause(s) and manner as stated.
. / 4	29b. SIGNATURE AND TITLE OF CERTIFIE	R C		29c. LICENSE NI	JMBER 29	d. DATE SIGNED (Month, Day, Year)
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86	Mark R	voen M)		0 20	400	8125195
ш	30. NAME AND ADDRESS OF PERSON WE	. ^	( )	1	100	X135195
86	30. NAME AND ADDRESS OF PERSON WITH A PORT OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF ST	. ^	Silver	pring, ME	>	8198195
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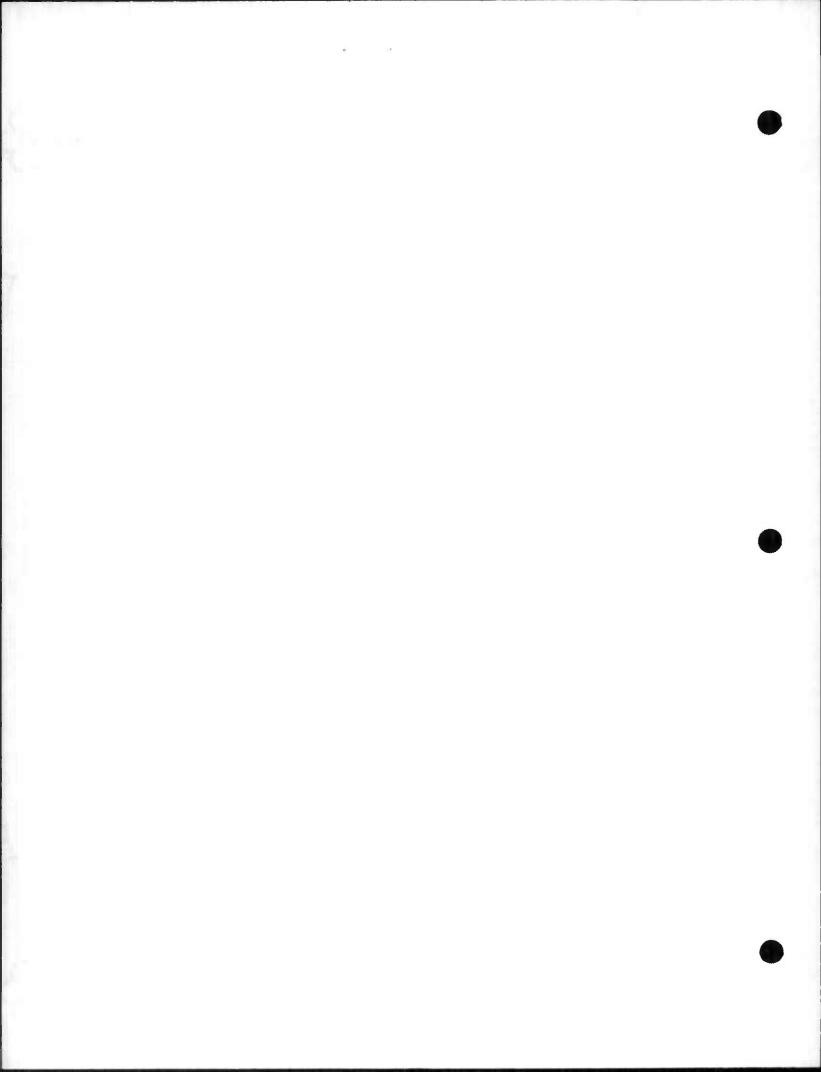
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FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Gordon Frank Wickes, 2. DATE OF DEATH MONTH 3. TIME OF DEATH Sr. 31 1995 6:15 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 70 HOURS 1 X M 2 - F Aug.12 192 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Annapolis 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Stevensville 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? 21666 U.S.A.. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WART OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: White WW II

Gordon 4. BOCIAL SECURITY NUMBER 217-16-8424 9e. FACILITY NAME (If not institution, give street and number) DIRECTOR Anne Arundel Medical Center RESIDENCE OF DECEDENT 10a. BTATE 10b. COUNTY Queen Anne's Maryland FUNERAL 10e. STREET AND NUMBER 912 Pettinot Place 11, MARITAL STATUS 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Westinghouse Elec.Corp. 10 Production Supv. 17. FATHER'S NAME (First, Middle, Leet) 16. MOTHER'S NAME (First, Middle, Malden Surname) Frank Wickes Nettie Chalmers 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Hilda H. Wickes Pettinot Pl Stevensville, Md. 21666 20a. METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremetton 3 ☐ Ramoval from Stata Sept. 3,1995 Baltimore M 20b. PLACE AND DATE OF DISPOSITION (Name of 1 Burial 2 Cremation 4 Donation 5 Other (Specify) re Memorial Pa 21. BIGNATURE OF FUNERAL SERVICE LICENSEI Tom Helfenbein Funeral Homes, P.A. Gromas 106 Shamrock Rd., Chester. Md. 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximeta Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ Condramsoparty and acute GI fleed resulting in death) DUE TO (OR AS A CONSEQUENCE OF) onary CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 - YES 2/ NO OF OEATH? Respirating Jarlus 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🖾 NO 🗆 UNCERTAIN 🗆 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH Check only one) HOSPITAL: OTHER: 1 - YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 NO BY 2 Accident
3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 6 Could not be 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 256. SIGNATURE AND STILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2957 2 10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Berez Cotton Blod suite 1655 31. DATE FILED (Month, Day, Year) SEP 01 1995 ali Denden P.



nospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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29b. BIGNATURE AND TITLE OF CENTIFIE

31. DATE FILED STOP DO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PANHVELIL

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32. BEGISTRAMS SIGNATURE STANDARD TO MANUALLY

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DIVISION OF VITAL RECORDS, P.O. BOX 6876

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SPITAL OF	VERAL DIRE	hin 72 hour	NT: If item
HOSPITAL OF	FUNERAL DIRE	within 72 hour	TANT: If item
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the 1	TO THE FUNERAL DIRECTOR: after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR L. MARION WRIGHT 3.45A 995 SEPTEMBER 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Feb 9, 1912 Washington DC 1 🗌 M 2 🏋 F 579-32-8183 83 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Prince George's Hospital Cheverly Prince George's RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Hyattesville 1 YES 2 NO Prince George's Maryland FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20782 United States 7005 Eversfield Drive 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 X Merried If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (8-12) College (1-4 or 5+) 10th Housewife Home. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Lilliam G. Durnbaugh Edwin Saffell BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 11629 Lockwood Drive, Apt 102, Silver Spring, Md 20904 Barbara Smith 20e. METHOD OF DISPOSITION
1 □ Burlai 27 Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Lee Crematory September 4,1995 Clinton, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EE FUNERAL HOME, INC 6633 Old Alexandria Ferry Road, Clinton, Md 20735 23. PART I. Enter the Enter the despress or complications that ceused the desphock, or man failure. List only one ceuse on each line. s, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition resulting in death) Lymp hollathic local DUE TO (OR AS A CONSEQUENCE OF): 3 Dys no wonig CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING 4 an avor CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events Sovone resulting in death) LAST 4 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? Orgonfes BYLONG (OVONOV 1 YES 2 NO T YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 🔀 PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: **EXAMINER?** OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident
3 Suicide 5 Pending Investigation 1 YES 2 NO BY 28s. Pt.ACE OF INJURY — At home, farm, streat, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stele) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

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1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es attated. (Check only one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

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29d. DATE SIGNED (Mgrith, Day, Year)

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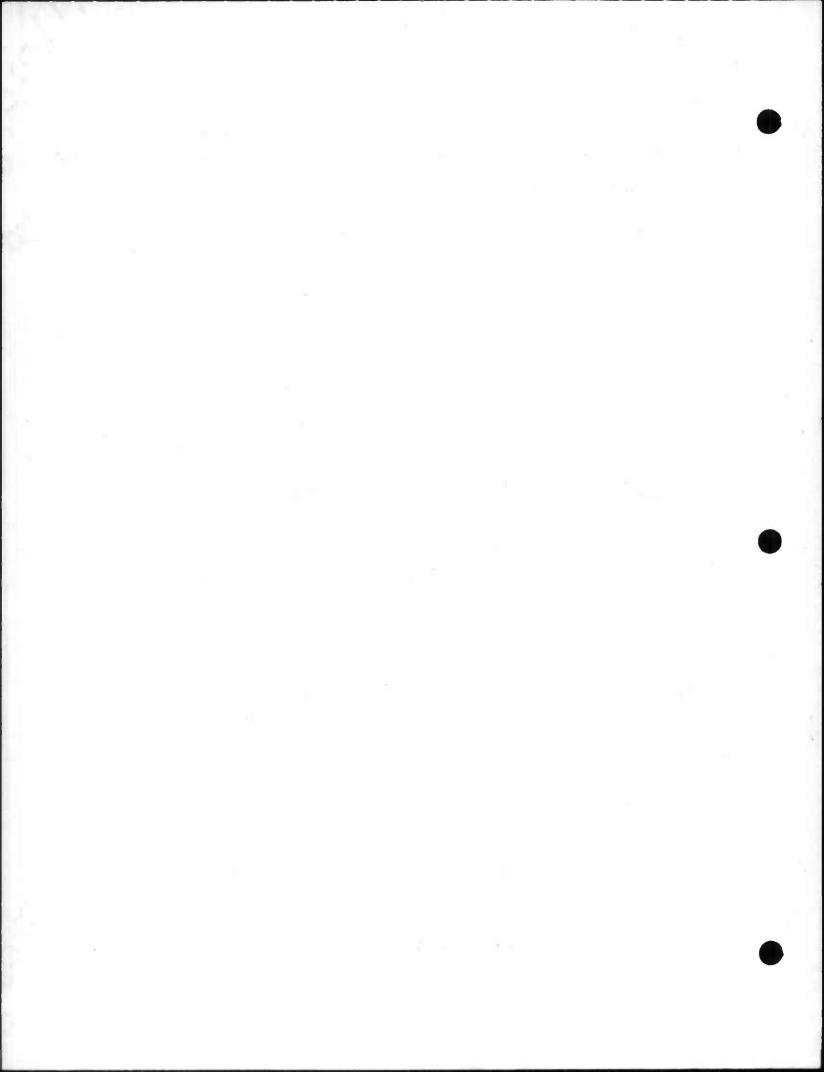
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF N		DEPAR					IENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	Nora Well	s	Willi	ams					August 23		Q 5	11:50 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les						7. DATE OF BIRTH 1		O. BIRTH	PLACE (State or Foreign	
	250-16-2843	1 🗆 M 2 💢 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 1		Countr	h Carolina	
	9e. FACILITY NAME (If not institution, give s	treet end number)		_	9b. CITY	. TOWN C	R LOCATIO	ON OF DEA			NTY OF D		
E	Washington Adv	ventist H	ospital			Take	oma P	ark					
DIRECTOR	RESIDENCE OF DECEDENT		ospicai			Tare	ind i	aik		PIC	onege	omery	
R	10e. STATE 10b. COUNTY	-		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
	Maryland Prin	es			lyatt	svil	le			1 X YES 2 NO			
M.	10e. STREET AND NUMBER					101.	ZIP CODE	-		10g. CIT	WHAT COUNTRY?		
ij	5805 - 42nd Aver	ue, Apt.	509				207	781		United States			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3XXWidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XI	NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black						Blaci	E — American Indian, k, White, etc. hy: Black		
유	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF BUS	INESS/IN	DUSTRY		
ᇦ	Elementary/Secondary (0-12)	College (1-4 or 5 +	life	ive kind of . Do NOT u	se retired.)	auring mos	IT OF WORKIN	ng .					
MP	12th grade			Но	usew	ife			Don	nest	С		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	HER'S NAM	E (First, Middle, Malden	Sumeme)			
BE	Phillip		Well	s				Nanc	У		C	okley	
6	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	Edna M. Harris (daughter) 1302 - 6th Street, N.W.; Apt. 201; Washington, D.C. 20001												
	28s, METHOD OF DISPOSITION 1) Portion 2 Cremetion 3 Rem	20h PLACE AND DATE OF DISPOSITION (Norman) A CO. A COMPT. 20h LOCATION COMPT.									wn, State		
	4 Donation 5 Other (Specify)  21. SIGNAPORE OF FUNERAL SERVICE LIC	- Charles	Washir	ngtor	Nat	iona	1 Ce	mete	<u>ry Sui</u>	tlar	nd, M	laryland	
	All is Porte	A Ohn						SS OF FACE	Latne	y's	Fune	ral Home	
	Smerracecco				3	831	Geor	gia /	Avenue,N.W	1. ;Wa	sh.D	.C.20011	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,										Approximate		
	IMMEDIATE CAUSE (Final	A 1										Interval Between Onset and Death	
- 1	disease or condition										2-3 MOLI		
- 1		A DUE TO	(OR AS A CONSE	QUENCE O	FI ·			/ 4					
8	Sequentially list conditions, - A cute My o candial infanction											4	
E	if any, leading to immediate cause. Enter UNDERLYING	4,00	1 CO . ht	C. L'	r):	4	217	1.	10.00			/-	
윤ㅣ	CAUSE (Diseese or Injury that Initiated events	c. DU€ TO	OR AS A CONSEC	OUENCE OF	1 0 1 Fi: 1	- b	0/4		1497			7	
CERTIFICATION	resulting in death) LAST	Cor	a och	110	14.	en	1+1	4:	luxe			1	
			1011	VV	-(-	evi		411	VIC				
SAL SAL	PART II. Other algnificant condition		/						Dencon		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	Renal thisky	pigen	C4/5	epc	15/	INK	SA	105%	TIVE 1 - YES 2	IMO		OF DEATH?	
MED	066,11	/				M	tec	50	_ ,			1 _ YES 2 _ NO	
PHYSICIAN:	DID TOBACCO USE/CONTI	RIBUTE TO CA			S 🔲 I		UNC	ERTAIN	风				
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQ6PITAL:	26. PLAC	E OF DEA	OTHER								
∠S	1 YES 2 NO	pill Inpatient 2			4 🗆 Nun	sing Home		sidence 6	☐ Other (Specify)				
	1 Netural 5 Pending	28e. DATE OF (Month, Da		28b. TIM INJ	URY	28c. INJU WOI	RK?		28d. DESCRIBE HOW IF	VUURY OC	CURED		
B	2 Accident Investigation	28e PLACE O	F INJURY — At ho	4		1 🗌 Y	ES 2 _	_					
	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	me, rerm,	MITORY, TRACE	ory, onice			28t. LOCATION (Street e City or Town, Stelle)	nd Numbe	r or Runal F	Toute Number,	
ZE.	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurr	d at the t	lme, data	and place	and due to	the cause(e) and man	Day on ele	ted		
COMPL												) and manner ea stated.	
Ŭ	29b. SIGNATURE AND TITLE OF CERTIFIEF	A 4						NSE NUMB				(Month, Day, Yber)	
∞		SAL	> M	1)		-	03	610	72	► A	Ugus	+ 24 1995	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE					<u> </u>			1	1	
	ANGES AHS A	N, 76	10 CA	+RF	OLL	A	16.	SUIT	E 380,	TAK	OMA	PARK MD	
	31. DATE FILED (Month, Day, Year) AUG 28 1995	32 REGISTRA	R'S SIGNATURE	-11								20912	



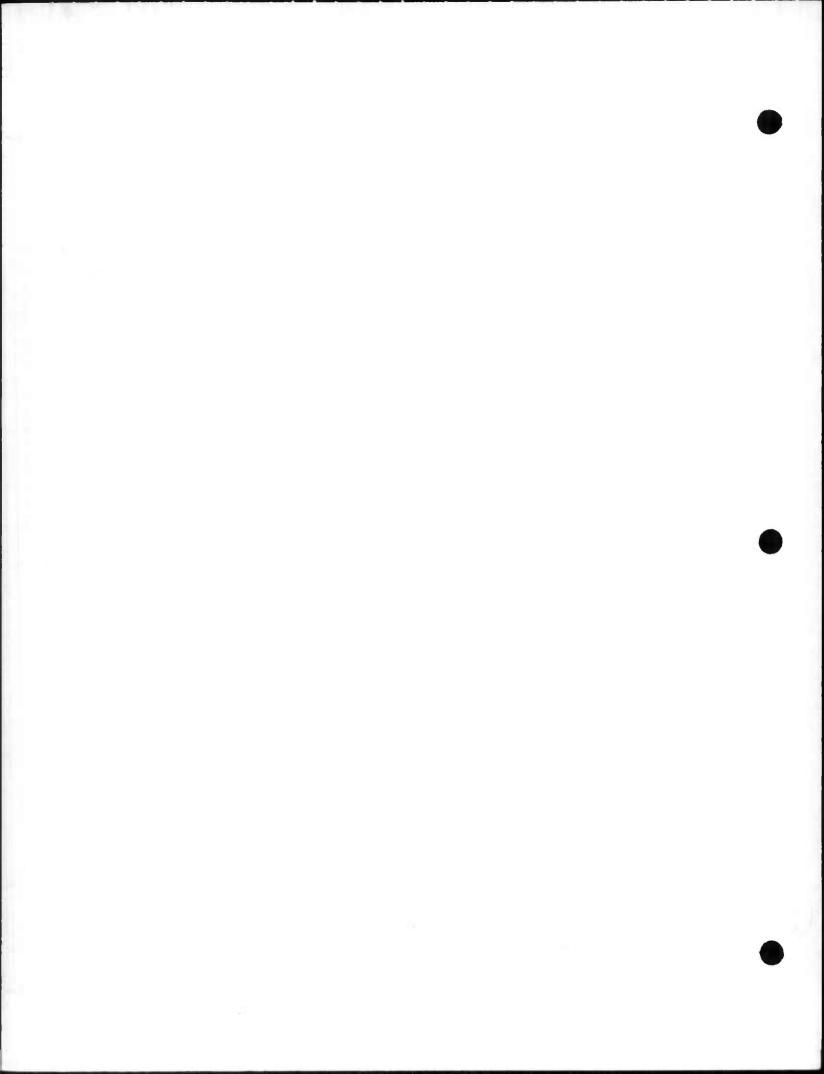
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

					Mart I II	IVAIL	01	DEATH		HEG. NO.				
		1. DECEDENT'S NAME (First, Middle, Losi)  William	1.7 * 1				MONT	2. DATE OF DEATH MONTH DAY YEAR AUgust 25, 1995 3:20 P.						
0		4. SOCIAL SECURITY NUMBER	Wakef 5. SEX	1eld 8. AGE (in yrs. i		SON	YEAR	IF UNDER 24 HRS		OF BIRTH	, 199		3:20 P. M	
		578-07-9481	1 💢 M 2 🗌 F	MONTH DAVE HOUSE AND (Month Day Year		h. Day Yearl	Country		y)					
3 should		9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,							Y OF DEATH	
	lo Ho	16218 Livingstor	Road			Acc	ok	eek			Prin	ce G	eorge's	
1,	딥	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	10c CI7											
Pag	DIRECTOR	Maryland Princ	100.01			20001				1	10d, INSIDE CITY LIMITS? 1 YES 2 X NO			
permit. Pages 1, 2,		10e. STREET AND NUMBER	e ocorge	3	Accokeek  101. ZIP CODE					10g. CITIZEN OF WHAT COUNT			-	
- <del>1</del>	ER	16218 Livingsto	20607					U.S.A.			Α.			
physician. burial-transit	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. A	RMED			CENDENT OF HISP pecify Cuben, Mexi		RIGIN? (Specify Yee or No — 14. RACE			- American Indian, White, stc.	
the hospital or attending physician detached for use as the burial-tra once.	B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		i	☐ YE	S 2 X NO Spe	city:	mount, arony			White	
use a	TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		Give kind of	work done di	CUPATI	ION lost of working	16b	KIND OF BUS	INESS/INE			
d for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+	•)	fe. Do NOT u			•		C				
the hospital of detached for once.	NO I	17. FATHER'S NAME (First, Middle, Last)		] 3	team	FILLE	er	16. MOTHER'S I	LAME (EI-)	Const		lon		
# 2 E	Ü	Gilbert E. Wilso	n							W. Xa				
5 should	00	19e, INFORMANT'S NAME (Type/Print)						and Number or Run				Code)		
	유	Annie M. Wilson						ston Rd.					7	
urs after death. Page 6 may be in by the funeral director, page r removal.		208, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of												
Page 6 al direct ner mi		St. Mary's Cath. Ch. Cem.8/28/95 Piscataway, Md.												
death. Pag e funeral dir il. examiner		22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home												
after death.  y the funera  noval.  cal exami	Щ	6160 Oxon Hill Rd, Oxon Hill, Md, 20745												
2 2 0 E		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):												
th certificate be ending physician I Hygiene prior to or other traum	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):												
the death the attend Mental H Injury, or		PART II. Other significant condition	a contributing to	deeth but not	reculting	In the und	erivin	a ceuse alven i	n Part I.	24a. WAS AN	ALITTOPSV	245	WERE AUTOPSY FINDINGS	
that the ed by the and any i	EDICAL		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					PERFORMED?		240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
	MEC								_		<u> </u>		OF DEATH?  1 YES 2 NO	
law req as been ept. of 23 sho		DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DE	ATH YE	S 🗆 N	0 [	UNCERTA	IN 🗆					
ate his tate D	C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		CE OF DEA	OTHER								
SICIAN: The law req certificate has been the State Dept. of 1. or Item 23 sho	PHYSICIAN:	1 VES 2 XNO	1 □ Inpatient 2 □		3 DOA 28b. TIM	4 - Nursi	ng Hori	ne 5 Nasidenci	_					
G PHY er this ath with	ВУ Р	1XXNatural 5 Pending 2 Accident Investigation	(Month, Da			URY M	WC	YES 2 NO	200. DES	CRIBE HOW IN	IJUHY OCC	UHED		
ATTENDIN ECTOR: Att s after de:		3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, elc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)									oute Number,			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is	COMPLETE		CIAN: To the best of ax										and menner as stated.	
H H H B B B B B B B B B B B B B B B B B	BE	296 SIGNATURE AND TITLE OF CERTIFIER	1		-			29c. LICENSE N	UMBER		29d. DATI	SIGNED	(Month, Day, Year)	
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)		Joseph Caruso, N	1.D.	POP DEATH (IT)	EM 27) (Type,	BRA	211	h AUR	11	16 7en	ر ر	11	23/	
/	İ	31. DATE FILED (Month, Day, Your) AUG 28 1995	of geoisting	TE STENATURE	dall		,	1102		110 00	1	J d	0.77	
		MUU & 0 1333	V											



		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
		1. DECEDENT'S NAME (First, Middle, Last)		1 1 -			2. DATE OF DEATH MONTH		YEAR 3.	TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER 5.	5. SEX 6. AGE (In )	yrs. last birthday)	IF UNDER 1 YEAR	500P H							
pind		578-66-7263 1 M 2 F 44 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year) Apr. 21, 1951								ACE (State or Foreign			
, 3 should	N.			,	Takoma		EATH	Monto					
1, 2,	DIRECTOR	Washington Advent RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	.1St HOSPItal		Y, TOWN OR LOCAT			Monte					
it. Pages	DIRI			1000	shington					d. INSIDE CITY LIMITS?  X YES 2 \( \square\) NO			
t permit.	4AL	10e. STREET AND NUMBER				r. ZIP CODE		10g. CITIZE		T COUNTRY?			
020 physician. burial-transit	FUNERAL	217 T Street, N.W	2. WAS DECEDENT EVER IN U	10 ADMED	I so was no	20001			J.S.A				
9 8 8	BY	1 Never Married 2 Married 3 Widowed 4 TDivorced	FORCES? 1 YES  IF YES, GIVE WAR OR DATE	2 NO	2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, Whit								
r attend	TED	15. DECEDENT'S EDUCATI (Specify only highest grade con	TION 1 1 mpleted)	(Give kind of w	USUAL OCCUPATION		16b, KIND OF I	BUSINESS/INDUS	TRY				
D 21	PLET		College (1-4 or 5+)	life. Do NOT use	ne retired.)		Private Industry			v			
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Auto	Mechnan		AME (First, Middle, Maid						
18 8 2 Z	BE C	James West					phine Spe						
MAR retained to 5 should	0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I	Route Number, City or 1	lown, State, Zip Co	State, Zip Code)				
May be r may be r or, page 5		James West 20a. METHOD OF DISPOSITION	20h B		Delaware		.,#401,Wa	shingto					
O o to E		1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State camete	tery crematory or oth	ther nincel		1						
ALTIMOR eath. Page 6 m funeral director, xaminer must		4 Donation 6 Donation 6 Dotter (Specify) Northern Virginia Crematory 8/24/95 Arlington, Va.  21. SIGNATURE OF FUNERAL PERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
BALTIMO nours after death. Page 6 d in by the funeral direct or removal. medical examiner mu		Frazier's Funeral Home 389 Rhode Island Av., NW, Washington, D.C.											
within 24 hours spletely filled in to cremation, or re-		23. PART I. Enter the decess of com- shock, or heart failure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in death)	of the to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat		174				-	Approximate interval Between Onset and Daath			
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0 4 5 5	CERT												
RECORDS requires that the d sen signed by the of Health and Mer shows any Injur	MEDICAL	PART II. Other significant conditions of	MUM	1	1			- 10,65 20,40		RE AUTOPSY FINDINGS ILLABLE FRIOR TO MPLETION OF CAUSE DEATHY  YES 2 NO			
AL has Deg	NAI:	25. WAS CASE REFERENCE TO MEDICAL	/ 26.	PLACE OF DEATH	S NO U	UNCERTAIN	4 🗆 📗						
F VITA SICIAN: The certificate h the State (	PHYSICI	1 YES ZINO	OSFITAL: Organient 2 [] EP/Outputie	ent 3 🗆 DOA	OTHER: 4 🖹 Nursing Home	se S CI Residence	6 [] Other (fipsofy)						
PHYSIC this cer with th		27. MANHUM OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	29b. TIME INJU	URY WO	PART	28d. DESCRIBE HOW	NUMY OCCUR	ED	THE T			
UDING PHYS WDING PHYS C death with Is marked	BY	2 Accident Investigation	28e. PLACE OF INJURY —	- At home, term, s	_	YES 2 NO	281. LOCATION (Street and Number or Rural Route Number,						
OF ATTENDING PHYSICIAN: OR ATTENDING PHYSICIAN: DIRECTOR: After this certifications after death with the St. Item 28 is marked, or it	ETED	4 Homicide determined	building, etc. (Specify)				City or Town, Sta	ite)	NUISI NOUN	NUTITION,			
로 기	COMPLET		N: To the best of my knowledge the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or the best of my knowledge or						ause(a) and	d manner as stated.			
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: II	BE C	296 STONATURE AND TITLE OF CONTINES	1 10110	12.		29c. LICENSE NUM	IBJIR	294. DATE S	GNED /Mil	ren, One page			
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	-	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH			0 =	4	44.	4	0 1			
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

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6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 XM 2 - F 65 227-36-9794 use as the burial-transit permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR HOWARD CO.GENERAL HOSPITAL COLUMBIA RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BEDFORD VIRGINIA BEDFORD FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE RT.1 TIMBERRIDGE ROAD 24523 the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, stc.)

1 YES 2 NO Specify: FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only high director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 15 CAST IRON WORKER 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) ELSIE WRIGHT UNKNOWN Page 6 may be retained by 1 7 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARIE INEZ WRIGHT TIMBERRIDGE RD., BEDFORD, VA. 24523 RT.1 9 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must POPULAR SPRING BAP-CHU-B-30 hours after death. Pa ed in by the funeral di or removal. examiner 21. SIGNATURE OF FUNERAL, SERVICE LICENSEE Bil RT.1 BOX 27, BEDFORD, VA.24523 medical filled in by to 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** and completely fille burial, cremation, the Ventricular fibrillation disease or condition executed within 2. resulting in death) event. Myocardial ate traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a If any, leading to immedieta cause. Enter UNDERLYING 2 herosderotic CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 pertusion death ( been signed by the after t. of Health and Mental Injury, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. the MEDICAL that amy shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. WE 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PHYSICIAN: The r this certificate h tem HOSPITAL: OTHER: 1 ( YES 2 | NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 6 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? marked, 1 Natural 5 Pending М 1 YES 2 NO After til death BY Investigation 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, streel, lactory, office building, etc. (Specify) 3 Suicide .00 DIRECTOR: / COMPLETED 6 Could not be 4 Homicide 28 item OR 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end manner as stated. FUNERAL I HOSPITAL = 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner as stated. TO THE HOSPIT TO THE FUNERA DE filed within 7 THE SIGNATURE AND TITLE OF CHITIFIER 29c. LICENSE NUMBER Howard BE 31473 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 456Fitemlock Come was Ellicat Cuty PATRYCE A. TOLE, w 31. DATE FILED (Month, Day, Year)
AUG 29 1995 32. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

SR.

WRIGHT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH AU G 1995 12:37 A 25 7. DATE OF BIRTH

(Month, Dev. Weer)

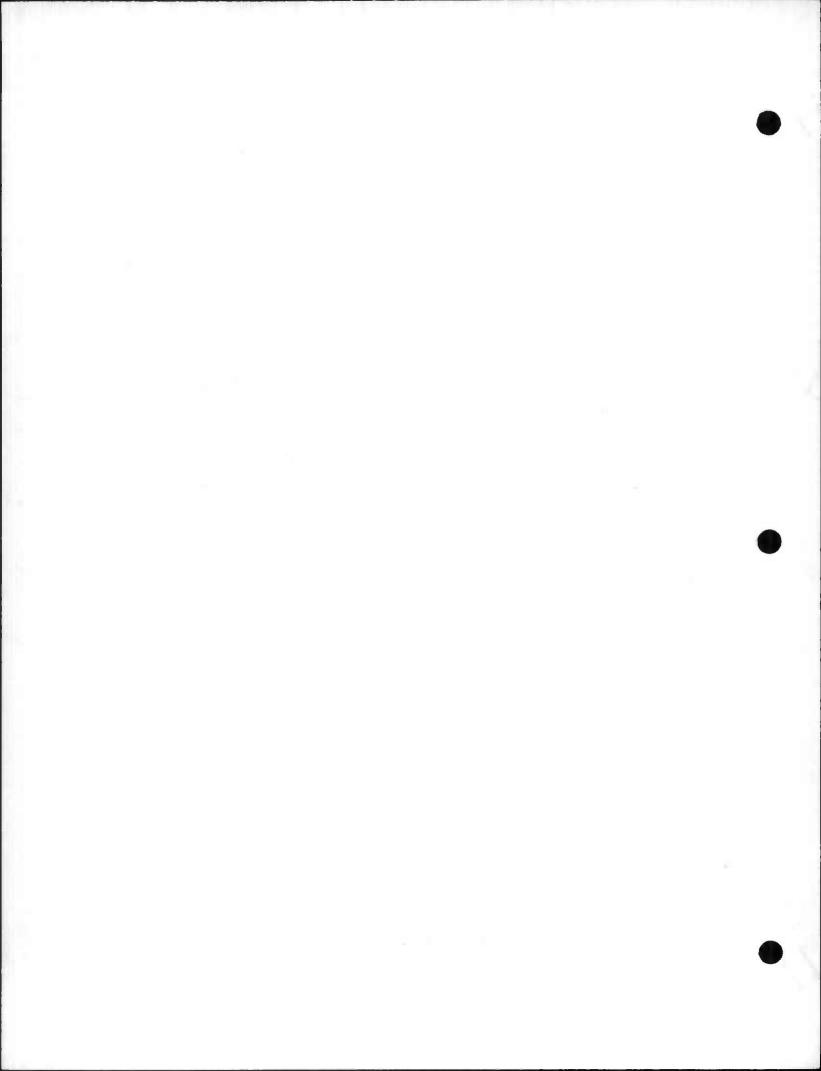
JAN • 29, 1930

WASHINGTON - D 9c. COUNTY OF DEATH HOWARD 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. RACE — American Indian, Black, White, atc. SpecifyBLACK 16b. KIND OF BUSINESS/INDUSTRY GRIFFIN PIPE CO. 20c. LOCATION - City or Town, State GOODE VA. 22. NAME AND ADDRESS OF FACILITY BEDFORD FUNERAL HOME Approximata Interval Batween Onset and Death mic nous eals ears 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 KNO OF DEATH? 1 TYES 2 TO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number of Adrell Route Number, City or Town, State)

4021042

29d. DATE SIGNED (Month, Day, Year)

Day 26, 1957



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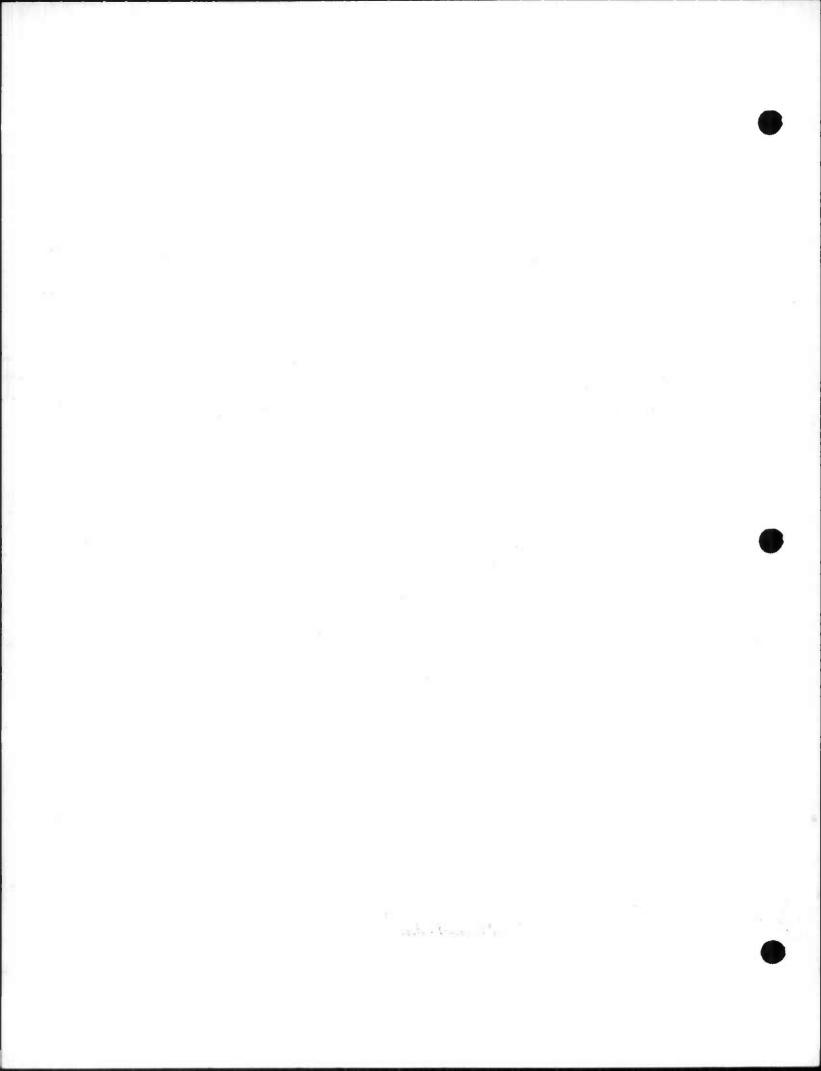
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 U TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

_			-	- IIII	OAIL	JI DEF	VIII	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEAT	H DAY	YEAR	3. TIME OF OEATH		
	LUCY	WRIGHT						AUGUST	8:22PM	М			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	AR IF UND	ER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign)	gn	
	230-28-4503	YRS.	·	HOOMS		PI YXM	TRGINIA						
_	9a. FACILITY NAME (If not institution, give at		13.0	WN OR LOCA		ATH		UNTY OF					
DIRECTOR	PRINCE GEORGES		CH	EVER	_ Y		PRI	NCE	GEORGES				
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY											_	
Ĕ	IOE. COOKITY				Y, TOWN OR L A SHIN		n c				10d. INSIDE CITY		
	10e. STREET AND NUMBER			W.	42ПТИ			•		1 1 YES 2 NO	)		
UNERAL						10f. ZIP CO			10g. Cl	WHAT COUNTRY?			
빌	4944 SARGEN						1073			U - 2	S . A .		
L ]	11. MARITAL STATUS  1 Never Married 2 Married		YES 2X		13. WAS	DECENDENT s, specify Cul	OF HISPAN	IIC ORIGIN? (Specif n, Puerlo Ricen, etc	Yea or No-	14. RAC Blac	E — American Indian, ik, White, etc.		
ž	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE W	R OR DATES			YES X N							
3	15. DECEDENT'S EDUC	ATION	160 DE	CEDENTIE	USUAL OCCU	DATION					BLACK		
-	(Specify only highest grade	completed)	(G		vork done durli		king	166. KINO OF	BUSINESS/IN	DUSTRY			
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)			SSER			(1	EANER	7			
5	17. FATHER'S NAME (First, Middle, Last)			TIVE	33LI	10.100	THER: CALA	ME (First, Middle, Ma		3		_	
	ELLIC HUGHES							BALLO					
מ	19e. INFORMANT'S NAME (Type/Print)		101	h MAII ING	ADDRESS (S			Route Number, City or					
2	RILEY WRIGHT		14	1412	54TH	PL	BLAI	ENZBUR	GIMD.	נל"םב"	10		
1	204, METHOD OF DISPOSITION		20h PLACE	ANDDATE	OF DISPOSITIO	M (Name of		OATE 200	LOCATION	C14 Y	0.1		
	1 ABurial 2 Cremation 3 Remo	wal from State	LONGU				MF.	8-31 BEDFORD TVA.					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE											
	Shill, a			RT.1 BOX 27, BEDFORD FUNERAL HOME									
-	on party forward	eel											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.  Approximate interval Between												
ı	IMMEDIATE CAUSE (Final disease or condition											eath	
l	resulting in death)	- Con	aco)	rey	one	TIP	9 9	mer	,		01099	4	
	DUE TO (OR AS A CONSEQUENCE OF):												
5	Sequentially list conditions, Journal of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con												
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	CAUSE (Disease or Injury that initiated events	DUEDO	OR AB A CONSEC	DUENCE OF	0.0	1-	1	1	0 1	1	- 0	_	
	resulting in death) LAST	Sep	on a	w.	du	we,	du	al or	outh	ela	w 3de	h	
3	BADT II. Other elections are dated												
₹	PART II. Other aigninicant conditions	PART II. Other algorificant conditions contribute to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PROFINGS ANALABLE PRIOR TO COMMISSION OF CAUSE											
5	arrag	Married Control	- Contract	-207				1 YE	S 2 10		OF DEATH?	3E	
Ĕ	afzher	mer	2					1   YES 2   NO					
	DID TOBACCO USE CONTR	IBUTE TO CAL					CERTAIN	N ID					
SICIAIN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check only OTHER:	one)							
2	1 TYES 2 THE	1 Inpatient 2 🗆			4 🗌 Nursing		Rasidence	6 Other (Specify)					
Ε.	27. MANNER OF DEATH  1 D Natural 5 Pending	28a. DATE OF I (Month, Day	NJURY (, Year)	28b. TIMI	URY	WORK?		28d. OESCRIBE HO	W INJURY OC	CUREO			
	2 Accident Investigation					YES 2	□ NO						
3	3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF building, e	me, farm, s	treet, factory,	office		281. LOCATION (Sti City or Town, S	eet and Numbe (ate)	er or Rural I	Route Number,			
	29a. CERTIFIER (Check only												
3	POICAL EXAMINER	t: On the beals of axa	minetion and/or I	nvestigatio	n, in my opini	on, death occ	ured at the	time, data and place	, and due to t	he cause(a	a) and manner as state	d.	
	296, SIGNATURE AND TITLE OF CONLINES					29c. LIC	ENSE NUM	BER	29d, DA	TE SIGNED	(Month, Day, Year)		
	/01/					DI	+19	2	18	··2	7-75		
-	39. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH (ITER	W 27) (Type,	Print)	0.0	1	d AL	-				
	14318 Hamen	y Ph	-wan	1	6	ull	bel	IMA	- 2	07	70,		
	AUG 29 1995	July 1000	STATE OF THE PARTY.	646									





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTI be filed within 72 hours at	IMPORTANT: If Item 2

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND A	MENTAL HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.
NT'S NAME (First, Middle, Last)		2 DATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) REGINALL	ANTHONY	WILSO		T	2. DATI	OF DEATH		199	3. TIME OF DEATH 5:20P M
ron	4. SOCIAL SECURITY NUMBER 579-98-1037	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				OF BIRTH		8. BIRTNE Country	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give a 7206 HAWTHORNE S	LANDOV	ER			9c. COUNTY OF OEATH PRINCE GEORGE'S				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND PRINC		TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 7206 HAWTHORN	IE STREET		101	20785				ZEN OF W	HAT COUNTRY?
TO BE COMPLETED BY FUN	11. MARITAL STATUS  1 X Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR ON	2 XNO	If yes, sp	ENDENT OF NISPA ocity Cuban, Mexico 2 NO Specifi	an, Puerto	N? (Specify Yes Ricen, atc.)		14. RACE Black,	- American Indian, White, etc. BLACK
	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use I	k done during mo retired.)	N st of working	164	o. KIND OF BUS	SINESS/IND		
	17. FATNER'S NAME (First, Middle, Last) REGINALD ANT	TYR. HONY WILSON	ONEMPLO	.E.D	18. MOTHER'S NA		Middle, Maiden	Sumame)		
	190. INFORMANT'S NAME (Type/Print)  VALERIE WILSON/ M	OTHER			nd Number or Rurel NE STREE					D 20785
,	20e. METNOD OF DISPOSITION  1	oval from State C	PLACE AND DATE OF etery, crematory or othe HESAPEAKE	CREMAT	ORY			BELT:		rn, Stata LE, MD
	Cheachta & Eack of									20785
	23. PART I. Enter the diseases, or cahock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. SHOTGUN V	ech line.			ch aa car	diac or reapi	ratory arre	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
MEDICAL C	PART II. Other significant condition	a contributing to death be	ut not reaulting in	the underlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: N	DID TOBACCO USE CONTROL 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATN	(Check only one)	UNCERTAII	N 🖾				1 YES 2 NO
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output	atient 3 DOA 4		5 XRasidence	6 🗆 Othe	er (Specify)			
	27. MANNER OF DEATN  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WO	RK?		SCRIBE NOW IN			
D BY	2 Accident Investigation 3 X Suicide 6 Could not be	8-17-95 28e. PLACE OF INJURY building, atc. (Speci	At home, ferm, stre		ES 2X NO	28f. LOC	ELF IN			ute Number,
	4 Homicide determined	7206 HAWT		EET			OVER,	MARYI	AND	(P.G.)
COMPLETED		CIAN: To the best of my knowledge.  R: On the basis of examination								and menner as stated,
TO BE C	296. BIGHATURE AND TITLE OF CERTIFIER  296. NAME AND ADDRESS OF PERSON WAR	todryway	m		29c. LICENSE NUI D21230			20 PONTE	SIGNED (	Month, Day, Year) 26,1995
	AUGUSTO P. RODRIC	1/ 0			, CAMP S	SPRIN	IGS, MD	207	748	
	31. DATE FILED (Month, Day, Your)  AUG 29 1995	3. REGISTRAR'S SIGNA	Karlak							

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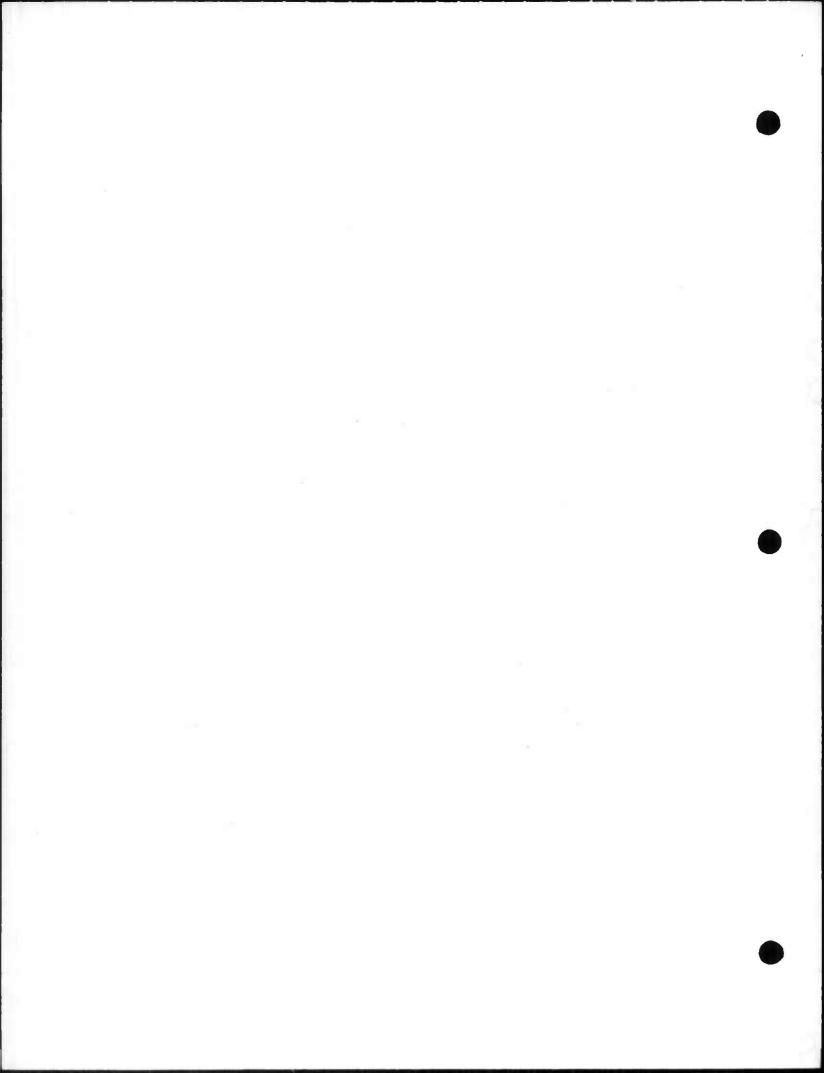
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGI
I. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

		1 - STATE REGISTRAR	STATE OF A	ARYL	AND /	DEPAR RTIF	ICATI	OF H	EALTH DEA	AND	MEN	TAL HYGIEN	E			
		1. DECEDENT'S NAME (First, Middle, Lest)										ATE OF DEATH			3. TIME OF DEATH	_
		FLORENCE	Μ.		WEIS							IGUST 3		1995	19:15	M
		4. SOCIAL SECURITY NUMBER 578-62-5209	5. SEX 1 M 2 X F		In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. D.	ATE OF BIRTH Fonth, Day, Year) C 25, 18		8. BIRTH Count	IPLACE (State or Foreign ry)	
		9e. FACILITY NAME (If not institution, give stru		97		YRS.	01 OF	70404				r 25, 18	98		PA	
a		MEMORIAL HOSPITAL		J. CE	משרעוי			BERL	A NID	ON OF DI	EATH			INTY OF D		
5		RESIDENCE OF DECEDENT	a middion	LI OL	MILL		COM	) LIXL!	AND				AL.	LEGAI	N 1	
DIRECTOR		MD Alleg	221				Y, TOWN (		ION						10d. INSIDE CITY LIMITS?	
	- 1	10a. STREET AND NUMBER	arry			FII	ntst		ZIP COD				li e e e e e e e e e e e e e e e e e e e		1 TES 2 NO	
FLINERAL		Star Route							1530	-			USA		WHAT COUNTRY?	
2			12. WAS DECEDEN	T EVER IN			13.	WAS DEC	ENDENT C	F HISPAI	NIC OF	IIGIN? (Specify Yee		14. RACI	E American Indian,	_
N Y	- 11	1 Never Married 2 Merried  3 Wildowed 4 Divorced	FORCES? 1 IF YES, OIVE W		2X∏ NC	)			2X NO			rto Rican, etc.)		Speci	k, White, etc. //y:	
1 CE		15. DECEDENT'S EDUCA	TION		40. 050										hite	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16e. KIND OF BUSINESS/INDUSTRY															
0		12	College (1-4 or 5 -	,	Hom	emal	ker					Own Ho	me			
once.		17. FATHER'S NAME (First, Middle, Lest)	-						18. MOTI	HER'S NA	ME (Fi	rst, Middle, Meiden	Sumame)			_
BE at		Samuel J. Hartn	nan	_					Ca	arri	e K	istler				
TO I		19a. INFORMANT'S NAME (Type/Print)										Number, City or Town				П
De 1		Joseph H. Weiss		201	120					Road	_			e, M	21530	
must		29a. METHOD OF DISPOSITION  1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Remov  4 ☐ Donetion 5 ☐ Other (Specify)	rel trom State	came	etery, crem	atory or o	ther place)		ne or		1	/07 New		-		
luer		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		10	<u> </u>	22.	NAME AN	D ADDRE	SS OF FA	CILITY			1		
ехап		* 4 lichola 1)	Scal	100	(I);		150	mbei	cland	Fun M	era n	1 Home 21502				
dica		23. PART I. Enter the diseases, of do	mplications that	caused	the dear	ih. Do r	ot enter	the mod	de of dy	ng, suc	h aa c	cardiac or reapl	ratory ar	rest,	Approximate	
E		ahock, or heart failule. Li IMMEDIATE CAUSE (Finel	at only one cau	se on as	ich iina.										Onset and Daa	
=		disease or condition reaulting in death)	ACUTE					ACCI	DENT						2 WEEKS	
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or other traumatic event, the medical examiner must be notified at ence.  FRIFICATION  TO BE COM		Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											_			
E S		cause, Enter UNDERLYING CAUSE (Disease or injury														
RTIFIC		that initiated eventa resulting in deeth) LAST	DUE TO	(OR AS A	CONSEQU	ENCE OF	7:									
		d.														-
CAL CE		PART II. Other algnificent conditions	contributing to	death bu	it not rec	oulting i	n the un	deriying	ceuse g	lven in	Part I	. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDING	28
E   S												1 TYES A	NO		COMPLETION OF CAUSE OF GEATH?	
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N A	ı	DID TOBACCO USE CONTRI	BUIE TO CA		B. PLACE				UNC	ERTAI	N L					_
SICI/		EXAMINER?	NOSPITAL:				OTHER	t:	5 🗆 Re	sidence	6 🗆 0	Other (Specify)				
PHYSICI		27. MANNER OF DEATH	26s. DATE OF (Month, De	INJURY		26b. TIMI		28c. INJU	JRY AT			DESCRIBE HOW IN	JURY OC	CURED		$\exists$
marked, BY PH		1 Natural 5 Pending 2 Accident Investigation					М	1 🗌 Y	ES 2	NO [						
© □		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	etc. (Special	— At home	e, term, s	treet, fact	ory, office			28t. (	OCATION (Street a City or Town, Stete)	nd Number	or Rural R	loute Number,	
ANT: If Item 2 COMPLET	ŀ	290. CERTIFIER														_
D BE COMPLET		(Check only													) end manner as stated.	
2	ŀ	29b. SIGNATURE AND TITLE OF CERTIFIER	Α .					1	29c. LICE			and end place, end				4
BE		1	1 potos	no	generally.					3280				/	(Month, Day, Year)	
일		30. NAME AND ADDRESS OF PERSON WHO												1	/ / 3	$\dashv$
		DR. SUNIL GUPTA, J	OHNSON I	HEIGI	HTS N	1EDI	CAL	BLDG	., C	UMBE	ERL	AND, MD	2	1502		
		31. DATE FILS E.P. 01161995	JE PEGISTRA	HULLAN-	Rend	il.										
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1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTHAH		CERTIF	ICATE OF	DEATH	REG. NO	)			
	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH		
			per	WHI	TE		August 29		1:30A. M		
-	9	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign		
-	1	220-10-0530	t 🔀 M 2 🗆 F	74 YRS.	MONTHS DAYS	HOURS MIN.	Jul. 26,	1921 M	arvland		
3 should		9a. FACILITY NAME (If not institution, give a	treet and number)		96. CITY, TOWH	OR LOCATION OF DE		9c. COUNTY OF			
2. 3	O.										
1,2	5	RESIDENCE OF DECEDENT									
permit, Pages 1,	DIRE	ton, STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY LIMITS?		
nit. P			llegany		Cumberl	and			1 XES 2 NO		
	FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
in. ansit	ij	511 Schlund Ave.				21502		11 8	λ		
20 ysicia rial-tr	5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No — 14. RAC	E — American Indian,		
215-0020 attending physician. se as the burial-transit	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YE	DATES WW T		NO Specify			"White		
S S S	ED 8		Korean War	T					MITTE		
21215-0020 If or attending physic for use as the burial	ETE	16. DECEDENT'S EDU (Specify only highest grade		(Give kind of	USUAL OCCUPATION Work done during mo		166. KIND OF BU	SINESS/INDUSTRY			
		Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u							
the hospital detached to	COMPL		4	<u>l Stati</u>	stician			Company			
YLAND 2121 by the hospital or atte be detached for use at once.		17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maider	Sumame)			
	H	Harper J. White				Cla	ra M. (Bak	er)			
MARYLAND retained by the hospit stould be detached notified at once.	2	19a. thFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
	_	Regina J. White		511	Schlund	Ave., Cu	mberland.	MD 21	502		
ORE e 6 may rector, pa		20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ram		0b. PLACE AND DATE		ame of	DATE 20c. LC	DCATION — City or To	own, Stata		
MO ge 6 lirect		41 Donation 5 Other (Specify)	A R	ocky Gap	Vet Cer	metery 8	3/31/95 Fl	intstone.	. MD		
hours after death. Pag ed in by the funeral dis or removal. medical examiner		21. SIGNATURE OF FUNDRAC SERVICE LIC	ENSEE	DAI	22. NAME AI	ND ADDRESS OF FA	CILITY Kighty	Funeral	Home		
		> Willian	- NA	100	309-3	11 Decati	ur St., Cu	mberland	, MD 21502		
2 3 E 3		23. PART I. Enter the diseases, or o	complications that caus	ed the death. Do	of anter the mo	de of dylpg, such	h se certise or rese	leston: see at			
3 2 91		anock, or neart fellure.	List only ona cause on	aach lina.		ar or aying, add	in as cordiac or reap	matory arrest,	Approximate interval Between Onset and Dasth		
25 <u>a</u> io <b>3</b>		IMMEDIATE CAUSE (Final disease or condition									
G876C executed within 24 and completely fills o burial, cremation, natic event, the	l	resulting in death)	Pneumonia	A CONSEQUENCE O	F)·				4 days		
N 8 8 - 6	-				<i>p</i>				3 days		
OX 68: e be executivition to burial traumatic	Ó	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):									
BOX ficate be en physician and ne prior to	¥	If any, isading to immediate cause. Enter UNDERLYING Cardiomyopathy									
	표	CAUSE (Disesse or injury that initiated events		A CONSEQUENCE OF	F):				4 years		
, P.O. I eath certific attending ph rtal Hygiene y, or other	CERTIFICATION	resulting in death) LAST									
earth arte	빙								3 days		
三年 中華	A	PART II. Other significant condition	s contributing to death	but not resulting	in the underlying	g csuse given in	Part I. 24s. WAS AN		. WERE AUTOPSY FINDINGS		
COR signed by Health and ws amy I	EDICAL							OK NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
.T. 'E O'T S	ME							7.	1 YES 2 NO		
AL RE law requi has been s Dept. of H	ä	DID TOBACCO USE CONTI	RIBUTE TO CAUSE	OF DEATH YE	S   NO	UNCERTAIN	1 12(				
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT							
F VIT/ SICIAN: The certificate the State , or Item	Sic	1 YES 2 NO	HOSPITAL:	ripatient 3 DOA	OTHER:	e 5 🗆 Residence	6 ☐ Other (Specify)				
PHYSICIAN: this certifical with the Str	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY		E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	NJURY OCCURED			
	BY F	1 Natural 5 Pending	(Month, Day, Year)	INJ		RK? /ES 2 NO					
NOING NOING IS Marring death		2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	₹Y — At home, tarm, a	street, factory, office		281. LOCATION (Street	and Number or Rural	Route Number,		
S affe at 25	ш	4 Homicide determined	building, atc. (Sp	ectry)			City or Town, State)				
DIV OR A OREC hours		29a. CERTIFIER 1 CERTIFYING PHYSI	HAN: To the heat of my kno	walandan danih anam	ed at the state state						
HOSPITUL FUNERAL WITHIN 72 I	MPL		CIAN: To the best of my knot in the basis of examination								
HOSP TUNE Within	8			and and threatyphic	n, in my opinion, o	eath occured at the	time, data snd piace, ar	dua to the cause(	i) and manner as stated.		
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIER	41/4			29c. LICENSE NUM	IBER	29d. DATE SIGNED			
5 5 3 X	0	11.109	4			36766		August 3	1, 1995		
10		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	PEATH (ITEM 27) (Type,	Print)						
()		Dr. Vik Poonai, 9	5 Frederick		berland	, MD.	21502				
		SEP () 1 1995	32. EGISTRAR'S SIG	MATURE RANGELL							
	- 1	A-1 A T 1922	June armed	My wandall					1		

BALTIMORE, MARYLAND 21215-0020	age 6 may be retained by the hospital or attending physicii	
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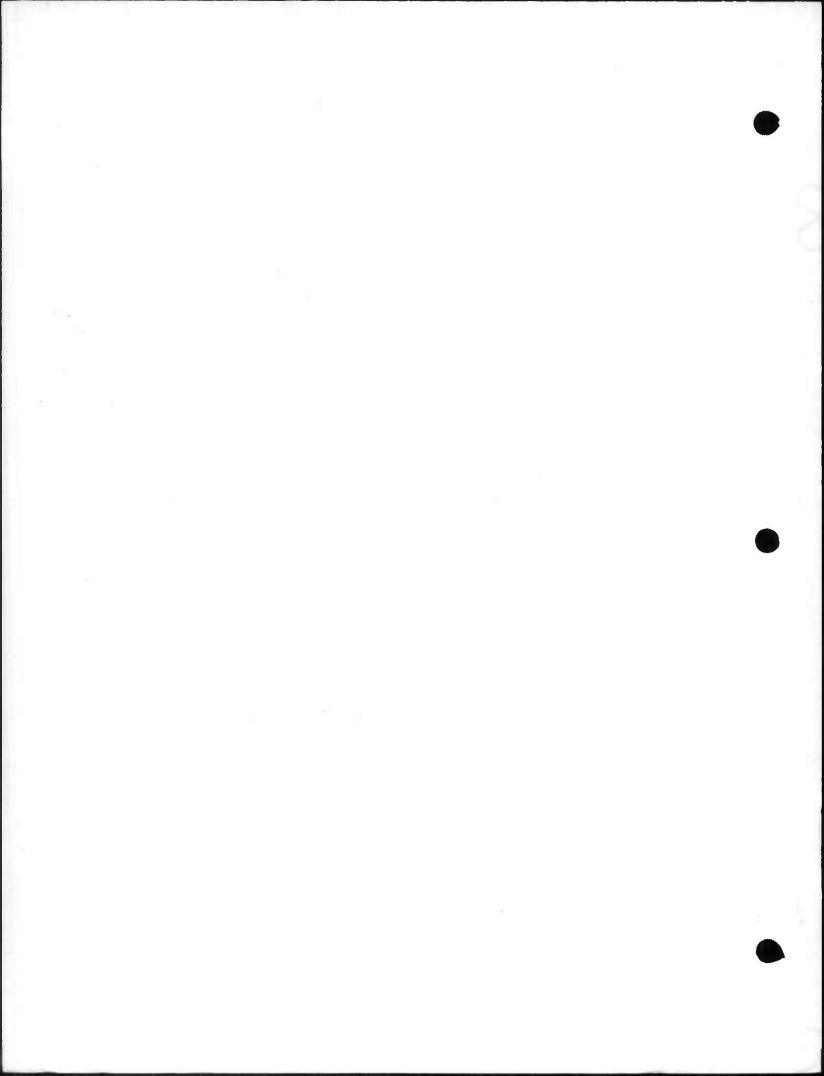
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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DIE TOOL THE DIE	TO THE FUNERAL DIRECTOR:	hours	IMPORTANT: If Item 28 Is m
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

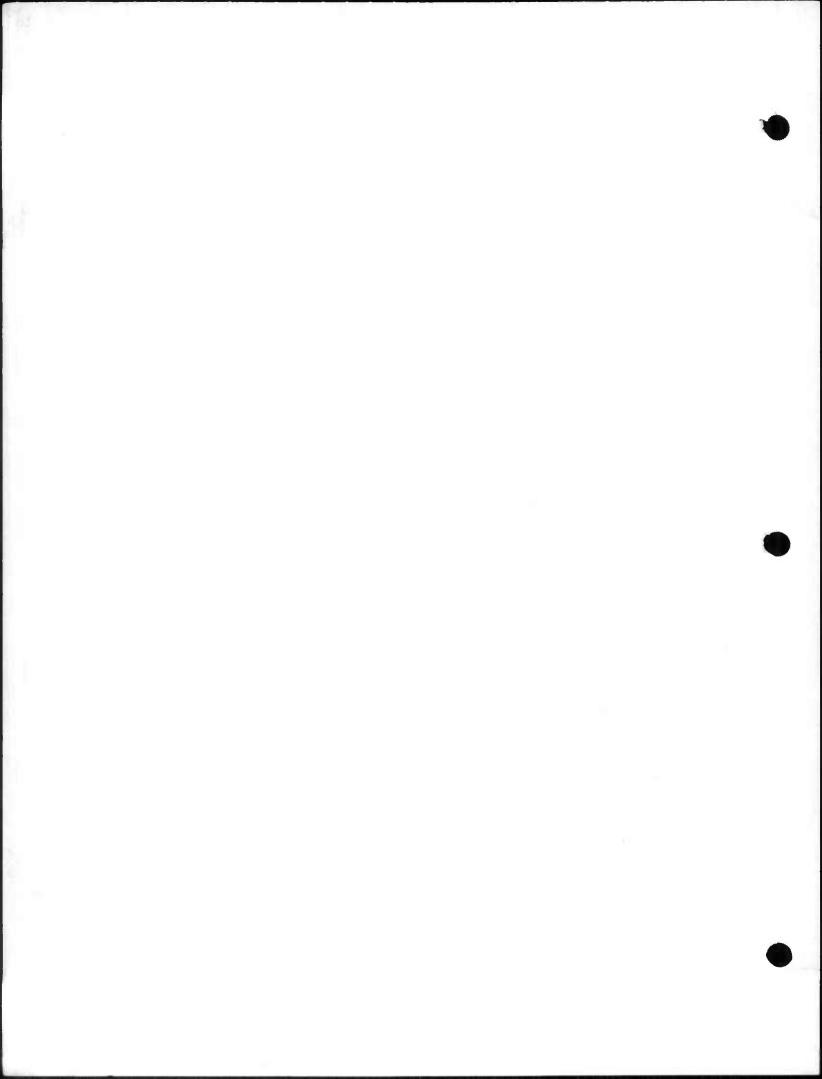
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	OF HEALTH AND I	MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	MARY ELIZABET	тн	WILLS		AUGUST 30	1995	10:01 A. H			
			n yrs. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BIRT	IPLACE (State or Foreign			
	214-05-7430 9a. FACILITY NAME (If not institution, give stre	1 M 2 K F 80	YRS. MONTHS	, TOWN OR LOCATION OF DE	(Month, Day, Year) DEC 15 191		W.VA.			
DIRECTOR	805D CAMDEN AVENU			MBERLAND_		ALLEGAN				
ĕ	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY			
	MARYLAND ALLEG	GANY		1 YES 2 NO						
R				101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
밀	BO5D CAMDEN AVENUE  11. MARITAL STATUS			21502		U.S.A				
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 K NO Specify	n, Puerto Rican, etc.)					
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S USUAL O	COLIDATION	16b, KIND OF BUS	1	WHITE			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of work done life. Do NOT use retired.)	during most of working	160. KIND OF BUS	HINESS/INDUSTRY				
곱	Q	College (1-4 or 5+)	HOUSE KEEPE	D	DOUGE	. veeded				
8	17. FATHER'S NAME (First, Middle, Last)		HOUSE REEF		ME (First, Middle, Maiden	KEEPER Sumame)				
Ü	PHILIP H. DEVINE	2		ELLA BEN	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	our rame,				
<b>∞</b>	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	S (Street and Number or Rural I	ALERT V. P. V.	n, State, Zip Code)				
임	ROBERT R. WILLS JR	>		N AVE CUMBER			.02			
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF DISPO	BITION (Name of		CATION — City or To				
	1 Donation 5 Other (Specify)		etery, cremetory or other place IMBERLAND CR	EMATORY AUG	30 1995 CT	MRERLAND	MARYLANI)			
	21. SIGNATURE OF FUNERAL SERVICE HICE		22	NAME AND ADDRESS OF FA	CILITY					
	1000	Hourt		RRITT-ADAMS						
	23. PART i. Enter the diseases, or ce	implications that ceused	the desth. Do not ente	4 DECATUR ST	REET CUMBS	RLAND MA	Approximate			
	ahock, or heart fallure. Li	ist only one cause on ea	nch line.				Interval Between Onset and Death			
	iMMEDIATE CAUSE (Final disease or condition	2	A Cha A	9-11-17			Ollast and Data			
ŀ	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):	Infaret	-re-		comunica			
z	C h	6.77	selenter C	normy on	to den	Lone	1400			
일	Sequentisity list conditions, if any, leading to immediate		CONSEQUENCE OF):	1.	1		1			
<u>র</u>	cause. Enter UNDERLYING CAUSE (Disease or injury					10				
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		0	11/	disease of			
CERTIFICATION	d.				Dar	MA	130/1902			
AL 0	PART II. Other significant conditions	contributing to death b	ut not resulting in the u	nderlying ceuse given in			. WERE AUTOPSY FINDINGS			
					1   YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
							OF DEATH?  1 YES 2 NO			
-	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF DEAT	H YES NO						
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	eck only one)					
S		HOSPITAL: 1   Inpatient 2   ER/Outp	ntient 3 DOA 4 Nu	R: sing Home 5 Residence	6 Other (Specify)					
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED				
ВУ	1 Natural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M	1 YES 2 NO						
0	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, street, fac	tory, offica	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,			
۳	29a. CERTIFIER	IAN: To the heat of my know	adaa daadh aannad at tha	time, data and place, and dua	200.00000000000000000000000000000000000					
COMPLETE				opinion, death occured at the			s) and manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIER	-		28c. LICENSE MU			) (Month, Day, Year)			
BE	Capellon	In D		F2552420 F25524000	66		751			
임	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Type, Print)	1011						
	AJ Bollin	10 955 F	rotevic.	k St C	umberlan	. 6 7.	21505			
- 11	31. DATE FILED (Month, Day, Year) / 32. REGISTRAR'S SIGNATURE.									
	AUG 31 1995	1. 32 REGISTRAR'S SIGN.	ATURE							



	hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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M. Th.	TO THE MOST LAL ON ALL ENDING PRISOLANT. THE LAW REQUIRES THAT UP DESCRIPTIONE DE EXECUTED WITHIN 24 HOURS STIEF DESCRIPTION PRISOLATED THE POST	cate	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item	
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	FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPART	IMENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		<u>JEIIIIII</u>	OAIL OI	DEATH	2. DATE OF DEATN	•	3. TIME OF DEATN		
	HAZEL BLANCH	E WARNICK				MONTH D		EAR		
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (In yrs	. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign		
	214-52-1237	□ M 2 💢 F 9 (	O YRS.	MONTHS DAYS	HOURS MIN.	(Mohth, Day, Year)	1904	Country) MARYLAND		
	9e. FACILITY NAME (if not institution, give stree	t and number)	-	9b. CITY, TOWN C	OR LOCATION OF D					
E .		MALICE HOME CARE								
DIRECTOR	MAUST HOME CARE ACCIDENT GARRETT									
Ä	10a. STATE 10b. COUNTY	ION	10d. INSIDE CI LIMITS?							
	MD GARRI	ETT	SWA	SWANTON						
AL I	10+. STREET AND NUMBER		101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
E	ROUTE 2		21561 USA							
FUNERAL		2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	13. WAS DEC	ENCENT OF NISPA	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.		
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR OATES			2 NO Speci	nn, Puerto Rican, atc.)		Specify:		
15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUST								WHITE		
								TRY		
<u>"</u>		College (1-4 or 5+)	HO U	SEWIFE		DOM	ESTIC			
COMPLET	8									
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Maiden	Surname)			
8	JOHN W. GREEN IDA BOWERS									
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		de)		
-	MR. DAVID OTTO		17001	DICKS	LANE E	FROSTBURG	, MD	21532		
	20a. METHOD OF DISPOSITION 1 1  Buriel 2 □ Cremation 3 □ Ramova	from State 20b. PLA	CE AND DATE OF	F DISPOSITION (Na	me of	DATE 20c. LO	CATION — City	or Town, Stata		
	4 Donation 6 Other (Specify)	HIT	LCRES		AL PAR		UMBER	LAND, MD		
	21. SIGNATURE OF FUNERAL VERVICE LICENS	, O .	1		D ADDRESS OF FA			- 74.50		
	1 Laxeno	· Haku	)					S MORTUARY		
	23. PART I. Enter the diseeses, or com	plications that caused the	deeth. Do no	ot enter the mo	de of dving, suc	A L HWY	LAVAI.	F. MD 21502		
	ahock, or heert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSCOURACE OF):									
_	DUE TO (ON AS A COMSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF)	:						
\{	cause. Enter UNDERLYING									
<u>E</u>	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF)	*						
토	resulting in death) LAST									
<b>4</b>	PART-II. Other significant conditions of	entributing to death but no	ot resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC	2 wallowing	Tys tune tion	٠			1 _ YES 2		COMPLETION OF CAUSE OF DEATH?		
M	Saver Class	assion						1 TES 2 NO		
	_ Cerebro vasculo	1) i'scas	E.							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Ch	eck only one)				
S		☐ Inpatient 2 ☐ ER/Outpatient	3 DOA	OTHER: 4 — Nursing Nome	5 🗆 Residence	6 (5 Other (Specify) Cy	Sanna	(are Home		
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJU	JRY AT	28d. DESCRIBE NOW IN				
BY I	1 Natural 5 Pending 2 Accident Investigation	(Mondy, Day, Your)	11100		ES 2 NO					
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, str	reet, factory, office		28f. LOCATION (Street a	nd Number or R	turel Route Number,		
I	4 Nomicide determined	soliding, etc. (apochy)				City or Town, State)				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge,	death occurred	et the time date	and place, and due	to the second section				
N N		on the basis of examination and						usada) and manner se stated		
	29b. SIGNATURE AND TITLE OF CERTIFIES		4	7						
B	Tor centiries	115 6	6	mD	29c. LICENSE NUI	WER	29d, DATE SIG	GNED (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH A	TEM 270 /5 /		11 34	079	Hug	VIT 29,1995		
	( / -)	E R	LW 21) (Type, F		C. 1	1/	200	9,52		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1201	mp	U-YA- 7	34,110	7/	01336		
		1								
	AUG 9 1 1995	Jalia Davelson Ros	dall							

DHMH-16 Rev 1/89



FOR STATE REGISTRAR

	MONTH DAY YEAR								. TIME OF DEATH	м						
7.7		4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF		1000	8. BIRTHPL	ACE (State or Foreign	
2	1	220-07-585		1 X M 2 - F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	9/4		09	Mar Mar	yland	
should	œ	9a. FACILITY NAME (If not institution, give atreet and number)					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I			TY OF DEA	TH					
1. 2, 3	Ē	Saint Josep		ical Center				Tow	son,	Mary	land		B	altimor		
Pages 1	DIRECTO	10a. STATE	10b. COUNT	Υ		10c. CI	10c. CITY, TOWN OR LOCATION						1	Od. INSIDE CITY		
± €	1	Maryland		Harfor	d	Baldwin						1	LIMITS?			
t permit.	RAL	10. STREET AND NUMBER						10	1. ZIP COL	17/			10g. CITIZ	EN OF WH	AT COUNTRY?	
020 physician. burlal-transit	FUNERAL	11. MARITAL STATUS	т ва	ldwin M			T			101				U.S		
		1 Never Married 2 XI		12. WAS DECEDED FORCES?	YES 2	NO		If yes, sp	ecify Cub	an, Mexica	n, Puerto Ric	an, etc.)	or No-		- American Indian, White, etc.	
215-0- attending se as the	BY	3 Widowed 4 Divon	ced			1 YES 2 NO Specify:						Specify: Caucasian				
Se affe	ETED	(Specify only	DENT'S EDU highest grade	CATION completed)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working ille. Do NOT use retired.)					KIND OF BUSINESS/INDUSTRY					
the hospital or detached for u	PLE	Elementary/Secondary (0-	12)	College (1-4 or 5	+)		ehan	ie	/ 0	wne	,	A an +	-0 P	mai		
AND he hospit detached once.	COMPL	17. FATHER'S NAME (First, Mic	idle, Last)			110	GIIGII	110			ME (First, Mic		Sumame)	рат.	r	_
2 2 W	ш	Charle	S	Keefer	Wal	ker			A	my	Mel	issa	a. 1	(cCo	urtney	
retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip														
may be re or, page 5		Laura V. Walker same as #10														
Betor, p		20s. METHOD OF DISPOSITION  20b. PLACEAND DATE OF DISPOSITION (Name of cemetery, creatory or other place)  20c. LOCATION — City or T cemetery, creatory or other place)														
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Kurtz Funeral Home										Marylan	d			
AL IIN death. Pag tuneral dis l. examiner		<b>▶</b> // / )	H/	110.1	1	111										
hours after of ed in by the or removal.		23. PART I. Enter the dis	seeses, or	complications the	it caused the	death. Do	not enter	the mo	arr	etts	svill	e N	ary	and	Approximata	
filled in		ahock, or he IMMEDIATE CAUSE (Fine disease or condition	ert tallure.	List Drily ons cet	lae oureech ii	ne.									Interval Betwee	
F BE +		resulting in death)  a. CONGESTIVE HEART FAILURE  DUE TO (OR AS A CONSEQUENCE OF):														
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eath certificate attending physical Hygiene pri	Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST														
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quires that r signed by Health an	EDÍ	PNEUMONA								OMPLETION OF CAUSE F DEATH?						
9 6 6	Σ	10									TYES 2 7 NO					
N: The law icate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?				ACE OF DEA			3 0111	CERTAII		-				
SICIAN: The certificate the State	YSIG	1 TES 2 DO		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER 4 Nun		6 5 □ R	aaldenca	6 Other (S	Specify)				
PHYSICIAN: this certifica with the St.	РНҮ	27. MANNER OF DEATH  1 Netural 5 P	ending.	28e. DATE OF (Month, D	tNJURY lay, Year)	28b. TIN	IE OF JURY		PRK?		28d. DESCR	IBE HOW IN	JURY OCC	JRED		
After this death with	BY	2 Accident In	rvestigation	28s PLACE C	F INJURY At	home farm	etroot foot		YES 2 [	NO	201 1 2017	011.10	444			
TEN TOR:	LED		ould not be etermined	building,	etc. (Specify)	monne, marin,	street, ract	ory, orne	•		28f. LOCATI City or	Town, State)	nd Number o	or Rural Rou	le Number,	
OR A DIREC hours	LET	29a. CERTIFIER	FYING PHYSI	CIAN: To the bast of	my knowledge	death occurr	nd at the t	lma data	and place	and due	to the cause	(a) and man				
4 2 4 2	COMPL														nd manner as stated.	
TO THE HOSPIZ TO THE FUNERA be filed within 7		296. SIONATURE AND TITLE								ENSE NUM					onth, Day, Year)	
5 5 3 W	3B C	Bestu	7	O. Win	mon	M	. 0		D	1649	2		·a	ngung	131.199.	5
	10	30. NAME AND ADDRESS OF												1	7	
		BEATRIZ P. C		M.D., ST.	JOSEP	HME	JICAL	. CIF	t, TO	WSO	Y, MD.	21 204				
		SEP 7	1995	Julia al	H'S SIGNATURE	ardell										
,		00-10				-									DHMH-16 Rev	1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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Salet Volleon Medical Center

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	MODITAL OR ATTEMPTING PHYSICIAN: The few requires that the death certificate he executed with
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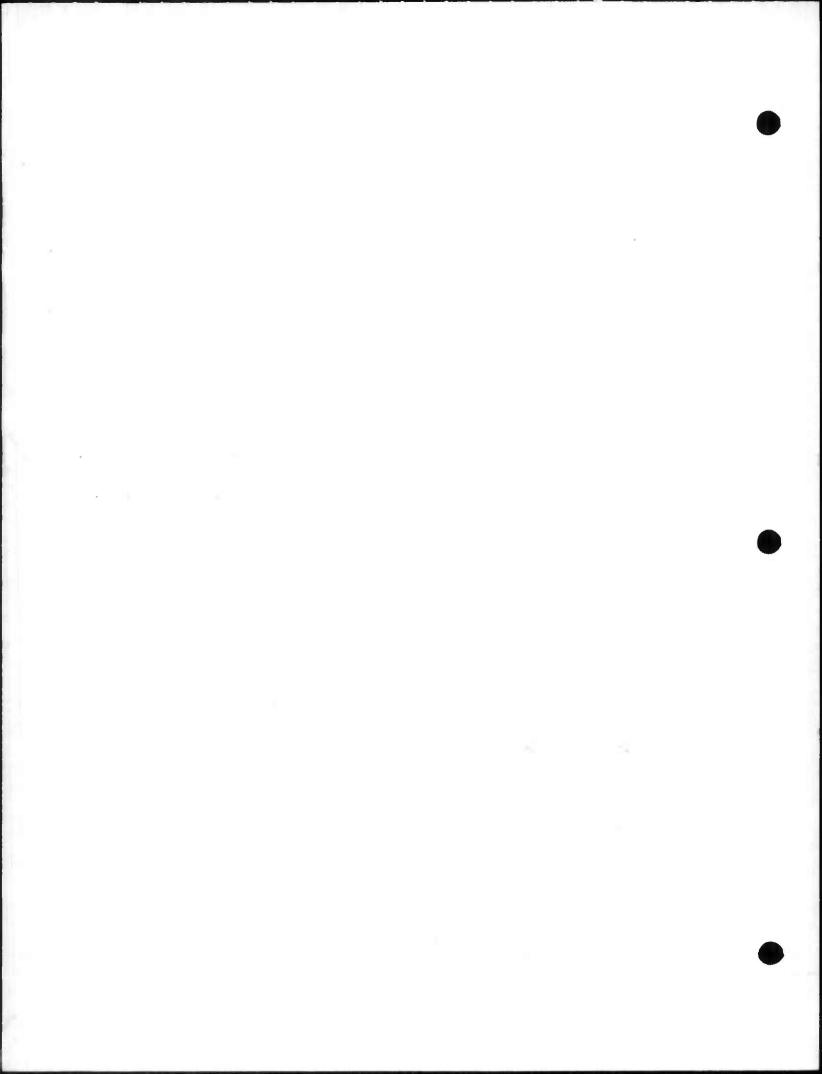
		1 - FOR STATE OF MARYLAND / CI	DEPARTMEI	NT OF H	EALTH AND	MENTAL HYGIEN REG. NO.					
		1. DECEDENT'S NAME (First, Middle, Lest)	. 5			2. DATE OF DEATH	3+ 19	3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lea	st birthday) IF UNI	DER 1 YEAR	IF UNDER 24 HRS.	SEPT 1	3- 19	BIRTHPLACE (State or Foreign			
		220-12-1467 1 ¹ ₹1 M 2 □ F	YRS. MONTH	7	HOURS MIN.	(Month, Day, Year) 9-16-1925		Country) MD .			
3 should	<u>«</u>	96. FACILITY NAME (If not Institution, give etreet and number)  SINAI HOSPITAL  96. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE CITY  96. COUNTY OF DEATH									
1, 2,	СТОВ	RESIDENCE OF DECEDENT									
Pages	DIRE	10e. STATE 10b. COUNTY	10c. CITY, TOWN					10d. INSIDE CITY LIMITS?			
permit.	AL D	MD. WICOMICO  10e. STREET AND NUMBER	SALI	SBURY	ZIP CODE		100 CITIZEN	1 YES 2 X NO			
- 55	I E	27284 NANTICOKE ROAD			21801			U.S.A.			
215-0020 attending physician. se as the burial-transit	BY FUNI	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. WR FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yell f yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 X NO Specify:			or No- 14. RACE — American Indian, Black, White, etc.  Specify: WHITE				
215- attendi	50	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (G	CEDENT'S USUAL	OCCUPATIO	ON	16b. KIND OF BUS	SINESS/INDUST				
12 m	LET	Elementary/Secondary (0-12) College (1-4 or 5+)	live kind of work don Do NOT use retired	1.)	st or working						
AND whe hospital detached to once.	COMPL	8 MA	AINTAINE	NCE	18 MOTHER'S NA		CAL CO.				
1 8 6 E	TO BE C	ERNEST E. WILLIAMS		18. MOTHER'S NAME (First, Middle, Maiden Surname)  MARY ELIZABETH PARKER							
retained 5 should notified			b. MAILING ADDRE	SS (Street of	NAME OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	Route Number, City or Town	n. Stete, Zip Coc	ie)			
		200 METHOD OF DISPOSITION 200 PLACE.	AND DATE OF DISP				CATION - City	21001			
Page 6 may be director, page		4 Donation 5 Other (Specify) WICON	IICO MEM	ORIAL		9/4 SALI	SBURY,				
SALII death. P e funeral al.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE			S FUNERA	COLITY AL HOME, SAL	LISBURY	,MD. 21801			
filled in by on, or remo		23 PART I. Enter the diseases, or complications that caused the deshock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Finel disease or condition resulting in death)	9.					Approximate Interval Between Onset and Death			
2 5 5 E	_	disease or condition s. MYO CAR DIAC INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions.  D. DISCHEMIC CARDIO MYOPATHY									
	CATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
Phys le D		CAUSE. (Disease or injury that initiated events DUE TO (OR AS A CONSEC	ONSEQUENCE OF):								
7 = 2 = 2	ERTIFI	resulting in death) LAST									
5 8 8 E	IL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e, WAS AN AUTOPSY FINDINGS									
				/		1   YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
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1 9 E C E	SICIAN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA 25. WAS CASE REFERRED TO MEDICAL 26. PLAC	E OF DEATH (Chec		UNCERTAIL	<u> </u>					
SICIAN: The certificate if the State if, or item	YSIC	EXAMINER?  1 YES 2 10 1   Tiperient 2   ER/Outpetlent 3	DOA 4 N		5 Residence	6 Other (Specify)					
子語音	ву РНУ	27. MANNER OF DEATH  1 National 5 Pending 2 Accident Investigation	28b. TIME OF INJURY M	28c. INJU WOI 1  Y	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW IN	NJURY OCCURE	ED			
TTENDI TTENDI TOR: A after de	ED	3 Suicide 8 Sould not be 4 Homicide 8 Sould not be determined 28e. PLACE OF INJURY — At ho building, atc. (Specify)	me, ferm, atreet, fa	ectory, office		281. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,			
전 보인 등	COMPLET	29e. CERTIFIER (Check only one)									
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	00	one) 2 MEDICAL EXAMINER: On the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the basis of examination end/or in the examination end/or in the examination end/or in the examination end/or in the examination end/or in the examination end/or i	investigation, in my	opinion, de							
THE OF THE SE STEED SE STEED SE	) BE	Lulie K Shallo	~ M	0	A COH	231 1800s	29d. DATE SIG	SNED (Month, Day, Year)			
	10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEE	27) (Acia, Print)	-		200000119	<u> </u>	11113			
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	- Xn	-							
12		SEP 05 1995 Julia Daveline has	Walk								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
101	2 8	F

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CERTIF	ICALE OF	DEATH	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest) GLADYS	CANNON		Watt	ers	2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	2,199	25 1945 M	
	200 00 4477		72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 8 23	0.	BIRTHPLACE (State or Foreign Country) West post, md.	
_	Se. FACILITY NAME (If not institution, give street	· ·		9b. CITY, TOWN	Y OF DEATH				
DIRECTOR	PENINSULA REGIONAL	MEDICAL CE	NTER	SALISBURY WICOMICO					
) H	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?	
	MD. WICC	DMICO		SALI	SBURY			1 VES 2 NO	
FUNERAL	100. STREET AND NUMBER	EAST ROAD		1	01. ZIP CODE 2180	01		N OF WHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	U.S. ARMED 2 NO ATES	13. WAS DE If yes, s 1 YE	Black, White, etc.  Specify: BLACK					
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	16a. DECEDENT'S (Give kind of the Do NOT us DOMES)	USUAL OCCUPATION Work done during most of working TIC HOUSE KEEPER						
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
BE (	TOBE CANNON	LULA HORS	SEY						
P 196. INFORMANT'S NAME (Type/Print) LILLIAN TROTTER  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C  ADDRESS SAME AS ABOVE								ode)	
	20e METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Remove	20b.	. PLACE AND DATE				CATION CIT	y or Town, State	
1	4 Donation 8 Other (Specify)		PLACE AND DATE OF	in MEMORY	PARK			ry, MD. 21801	
	21. SIGNATURE OF TUNERAL SERVICE LICEN	Jouley			ADDRESS OF FA			RIAL CHAPEL , MD. 21801	
CERTIFICATION	23. PART i. Enter the diseases, or complicatione that clused that death. Do not enter the mode of dying, such as cardisc or respiratory errest, approximate interval Between Onset and Death Cluster (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):								
	PART ii. Other significant conditions	contributing to deeth be	ut not resulting l	n the underlyl	ig ceuse given in			24b. WERE AUTOPSY FINDINGS	
4: MEDICAL	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying couse given in Part i.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	28. PLACE OF DEAT						
PHYSICIAN:	1 YES 2 NO 1	Inpetient 2 - ER/Outp			ne 5 🗆 Residence				
ВУ РЬ	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	M 1	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW IN	NJURY OCCUP	RED	
<u>a</u>	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, s	treet, factory, offi	ce	26f. LOCATION (Street e City or Town, Stete)	nd Number or	Rural Route Number,	
COMPLET		AN: To the best of my knowledge. On the beele of examination						euse(s) and menner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  ON NAME AND ADDRESS OF DESIGNATIONS	wip.			29c. LICENSE NUM	IBER	29d. DATE SI	IGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF MERSON WHO CO	54	7-DR	wers'	W Dr.	Salsh	ny q	1081801	
	31. DATE FILED (MONTH, Day, 1667) AUG 3 0 1995	32. REGISTRAR'S SIGNA	ar hardall				U		



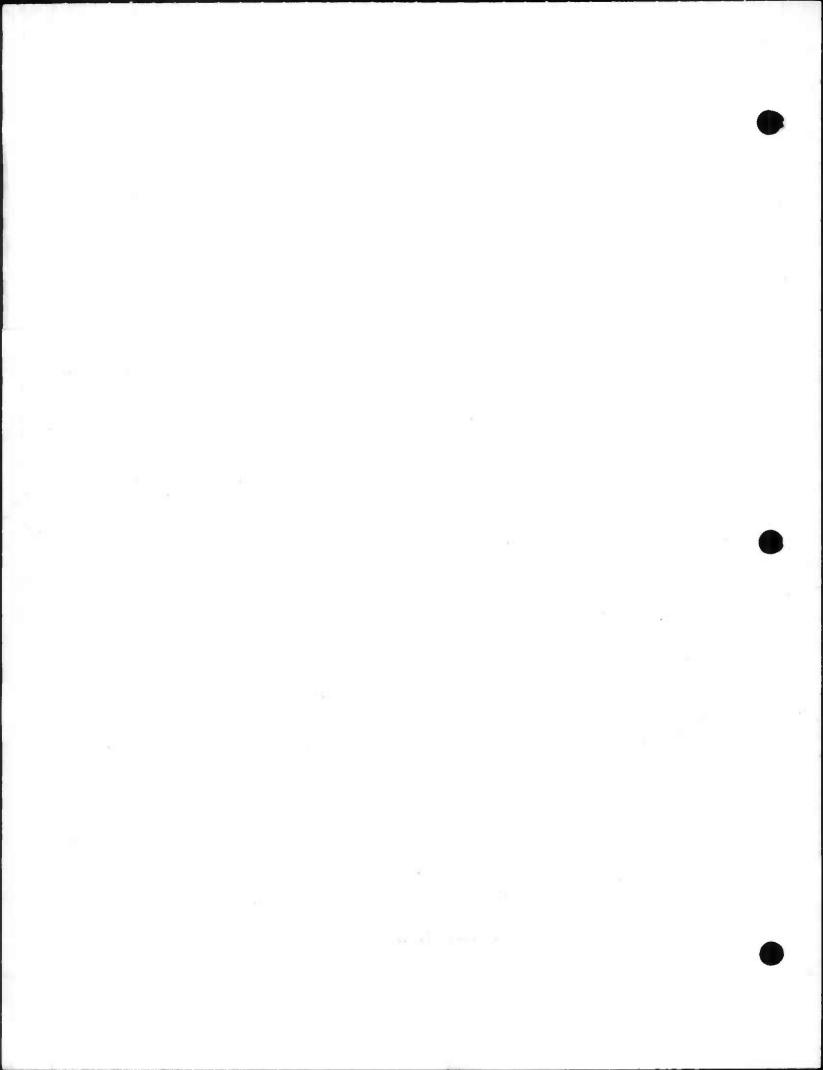
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
1	CHARLES	And I	OUNG			AUGUST 1		5 3.15A M			
	4. SOCIAL SECURITY NUMBER 217-32-1889		(In yrs. lest birthday) 62 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/3/33	8.	BIRTHPLACE (State or Foreign Country) aryland			
_		9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY O									
DIRECTOR	Prince George'			Chev			Р.	G.			
	Md . 106. COUNT	P.G. Cheverly						10d. INSIDE CITY LIMITS?  1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER		000	101	f. ZIP CODE			OF WHAT COUNTRY?			
JNE	6519 Cheverl	Y Terr. # 2	202	1 12 112 051	20785		U.S.A.				
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— It yes, specify Cuben, Mexicen, Puerto Rican, etc.)  1 □ YES 2 ▼ NO Specify:  1. RACE — American Indien, Black, White, etc.  Specify:  Black							
(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.)  [Give kind of work done during most of working life. Do NOT use retired.)											
COMPLETED	9th 17. FATHER'S NAME (First, Middle, Leet)		Landsc	aper			Gover	nment			
	17. FATHER'S NAME (First, Middle, Leet)  Francis You	na				ie Spenc					
B	190. INFORMANT'S NAME (Type/Print)	ng	19b, MAILING	ADDRESS (Street )		Le Spenc		del			
2	Mildred Washin	aton	Same		10 above		III. State, ZĘJ Co.	de)			
	20e. METHOD OF DISPOSITION  Selection 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of 8 / 19 / 9 5 DATE cametery, crematory or other place)  20c. LOCATION — City or Town, State										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	Garry M. Gratt H.S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.										
	IMMEDIATE CAUSE (Fine)	metastatic	L Aden	o carcii				Interval Between Onset and Death			
SERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
AL C	PART II. Other algnificant condition	na contributing to death b	out not resulting i	n the underlying	g cause given in P			24b. WERE AUTOPSY FINDINGS			
MEDICA	Metubolic A	tcidosis 1	4nemiu	, A30+	Lemia	PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	DID TOBACCO USE CONTI	DIRLITE TO CAUSE O	E DEATH YE	S I NO E	LINICEDTAIN			1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT		UNCERIAIN						
SIC	EXAMINER?	HOSFITAL: 1 12 Inpatient   2   ER/Output	petient 3 DOA	OTHER:	e 5 🗆 Residence 6	Other (Specify)					
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	E OF 26c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, si			28t. LOCATION (Street of City or Town, Stete)	and Number or F	Rural Route Number,			
COMPLETED		ICIAN: To the best of my knowle						nuse(e) and menner as stated.			
D E	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUME			GNED (Month, Day, Year)			
10 8	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	(Print)	03955		▶ 8'-	- 13 - 95			
	George C. Ha	allar, Ir.	m.O. 4	1850 F	orbes B	Ird. Lan	Lam,	md. 20706			
	AUG 28 1995	32 ABBISTRAR'S SIGNA	ATURIO DE LA COLONIA								



32 REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flowing and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

					•		C	15	28316
1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR RTIF	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN	ie .		
1. DECEDENT'S NAME (First, Middle, Last	,					2. DATE OF DEATH			3. TIME OF DEATN
Sara	Lee	Yett	er				AY 1 (	995	9:15 A.M.
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	August 28	) 15		
179 12 5564			YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Gount	HPLACE (State or Foreign ry)
		98 ag	THS.			Oct. 6, 1	906	Per	nnsylvania
9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF						UNTY OF E	EATH		
Independence Court of Hyattsville Hyattsville Prince George    Hyattsville Hyattsville Prince George   Hyattsville   Hyattsville   Hyattsville   Prince George   Hyattsville   Hyattsville   Hyattsville   Prince George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George George Ge									George's
RESIDENCE OF DECEDENT								8-	
10a. STATE 10b. COUN			10c. CITY	, TOWN OR LOCAT	TON				10d. INSIDE CITY
Maryland Prin	ce George's	3		Bowie					LIMITS?
10e. STREET AND NUMBER				100	. ZIP CODE		10a Cr	TIZEN OF 1	WHAT COUNTRY?
4022 Chelmont L	ane			100	2071	15			
								Unite	d States
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT ET	VER IN U.S. ARM	MED O	13. WAS DEC	ENDENT OF NISPAI	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	s or No-	14. RACI	E — American Indian, k, White, etc.
32⊈Widowed 4 □ Divorced	IF YES, GIVE WAR				2 NO Specif			Spec	Mhr.
									White
15. DECEDENT'S ED (Specify only highest grad		16a. DEC	EDENT'S	USUAL OCCUPATIO	ON of constitions	166. KIND OF BU	SINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	st or working				
12		H	omem	aker		Own	Home	2	
17. FATHER'S NAME (First, Middle, Last)					18 MOTNED'S NA	ME (First, Middle, Meiden	Comment		
Joseph Liddick					Carrie	Wood	Sumame)		
					_				
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILINO	ADDRESS (Street as	nd Number or Rural	Route Number, City or Tow	n, State, Z	ip Code)	
Charles R. Y	etter		4(	022 Chel	mont Lan	e Bowie M	lary1	and	20715
20a. METHOD OF DISPOSITION  XXBurdel 2 Cremetion 3XXRemoval from State  20b. PLACE AND DATE OF DISPOSITION (Name of complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete, complete,									
4 Donation 5 Other (Specify) Sept. 2, 1995 New Buffalo Pa.									
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. NAME AN	D ADDRESS OF FA	CILITY			
R1.+ C	0	$\Omega$		Rober	t E. Eva	ins Funeral	L Hon	ne, P	.A.
novere C.	CIRIMA	~ TN	00-	16000	Annapol	is Rd. Boy	vie N	1d. 2	0715
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List pnly one ceuse pn each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  UNIVARY TRACT (NTECTION:									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSECU	JENCE OF	):	STECT	(01).			
PART II. Other aignificant condition	ns contributing to da	ath but not re	suiting is	n the underlying	cause given in	Part I. 24s, WAS AN	AUTOPSY	24h	. WERE AUTOPSY FINDINGS
CUPP	MIC BRAT	NS	10	W TOULF	- ,	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
	70.0.	/	/	71 07410		1 TES 2	No		OF DEATH?
									1 TYES 2 NO
DID TOBACCO USE CONT	RIBUTE TO CAUS	E OF DEAT	H YE	S 🗆 NO 🖾	UNCERTAIN	4 🗆			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE	OF DEAT	N (Check only one)					
1 TES 2 NO	HOSPITAL: 1   Inpetient 2   ER	l/Outpatient 3	DOA	OTHER:	ex continue	6 Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJ		28b. TIME		1				
1 Netural 5 Pending	(Month, Day, Y		INJU	JRY WOF	PK?	28d. DEŞCRIBE HOW II	NJURY OC	CURED	
2 Accident Investigation				M 1 Y					
3 Suicide 8 Could not be	28a. PLACE OF IN building, etc.	JURY — At hom (Specify)	e, term, si	reat, tectory, office		28t. LOCATION (Street a City or Town, State)	ind Numbe	r or Rural R	loute Number,
4 Nomicide determined						on, on town, otale)			
29a. CERTIFIER CERTIFYING PNYS	SICIAN: To the best of	knowledge 4:	th acres	d at the state of	CONTRACTOR				
	SICIAN: To the best of my								
M	ER: On the beals of exami	ination and/or in	vestigation	i, in my opinion, de	ath occured at the	time, data and placa, an	d dua to t	he cause(a	) and manner as stated.
300 ENGINEE WAS LILTE ON GENTLAN	n_1	145			29p. LICENSE NUM	IDER	29d, DAT	TE SIGNED	(Month, Day, Year)
1 DOCK	12	MP			D192	52	<b>&gt;</b> (	27>	2/95
30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE C	F DEATH (ITEM	27) (Type.	Print)		•		1	-113
ROBERTO				O GALLA	2 With	A#122Bo	1110	MA	DITO
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95 28317 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 August 29, Jacob H. Zier 8:57 P.M. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
NOV. 28, 1919 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 🗌 M 2 🗔 YRS. 578 14 9511 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Bowie Health Center Prince George's Bowie 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Bowie 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12424 Shadow Lane 20715 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Wildowed 4 Divorced Yes White COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) Truck Driver Periodicals 9 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Henry Zier Josephine Bloser BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 <u>Katherine Heine</u> 1628 Grason Lane Crofton Maryland 21114 204 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Resurrection Cemetery 9/5/95 Clinton Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Rober Robert E. Evans Funeral Home, P.A. les 16000 Annapolis Rd. Bowie Md. 20715 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition_ DUE TO (OR AS A CONSCOUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 TES 2 NO 1 ☐ YES 2 ☐ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1-YES 2 NO 1 Inpatient 2 ER/Outpatient 3 IDOA 4 - Nurs ng Home 5 - Rasidence 6 - Other (Specify) 27. MANNEB OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the bast of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIED

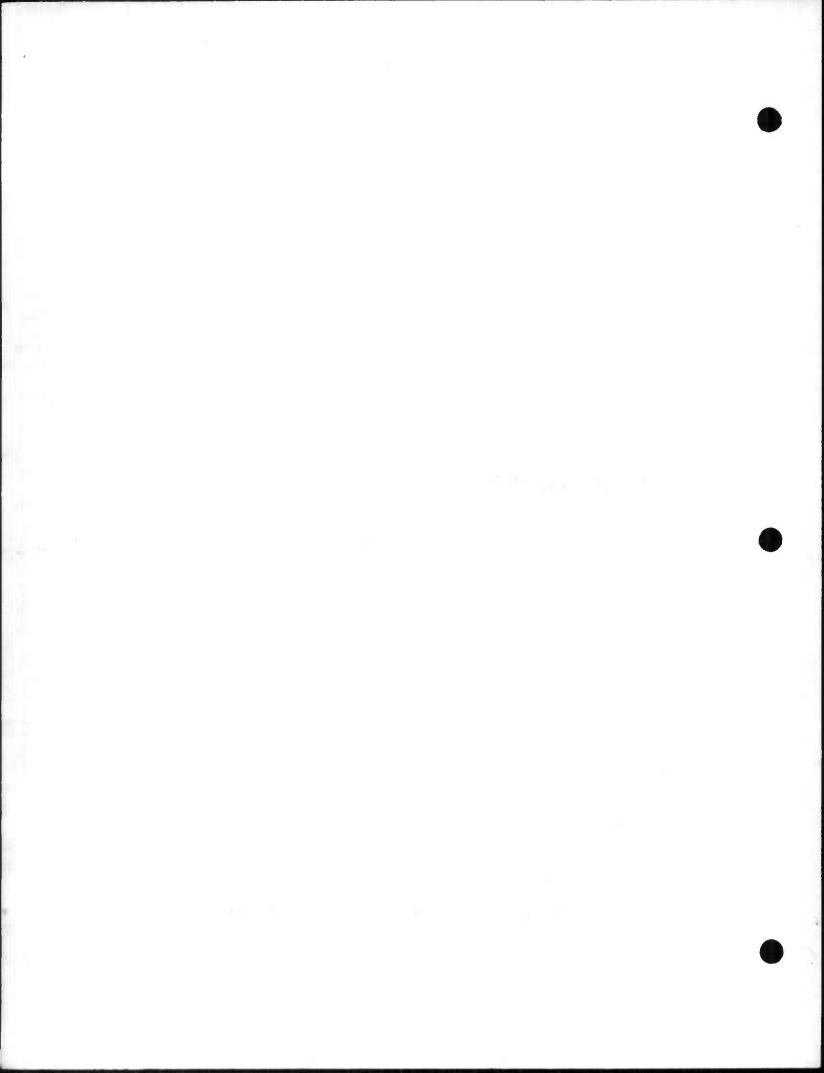
29c. LICENSE NUMBER 29d DATE SIGNED (Month, Day, Year) 96 30 ugusto digues un 2 NAME AND ADDRESS OF PERSON WHO COMPLETED MAISE OF DEATH (ITEM 27) (Type, Print) Augusto P. Rodriguez M.D. 5009 Rayburn Ct. Temple Hills Md. 20748 31. DATE FILEO (Month, Deyr Year)

the transfer of the

ALLINONE, MANI LAND 21213-0020	feath. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		xaminar must be notified at once
SALIMORE, MANIENTE STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF ST	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

Amended # 13 2RW, Allegany County 9/5/95 95

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)	Zembor	ver	/	2. DATE OF DEATH MONTH 9	Y / SYEAR	3. TIME OF DEATH 205 PM		
	4. SOCIAL SECURITY NUMBER 215 267538	5. SEX 1 M 2 F 69	yrs. Funday) IF UNI	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-18-26	THPLACE (State or Foreign intry) Maryland			
TOR.	Pa. FACILITY NAME (If not institution, give street and number)  VA Medical Center  Baltimore City  PRESIDENCE OF DECEDENT  96. COUNTY OF DEATH Baltimore City								
DIRECTOR	10a. STATE 10b. COUNTY Maryland Howa	-	10c. CITY, TOWN	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5906 Stevens Fo	rest Road		101. ZIP CODE 21045		10g. CITIZEN OF	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW II		3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 X YES 2 NO Spec	en, Puerto Rican, etc.)	IGIN? (Specify Yes or No— 14. RACE — Americ Black, White, etc.)  Specify: Whit.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL live kind of work dor DO NOT use retired ACCOUNTA	ne during most of working d.)	16b. KIND OF BUS	SINESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) William P. Zembo	AME (First, Middle, Maiden e I. (Lea.Su							
TO BE CON	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Keith C. Zembower  6929 Storch Circle, Seabrook, MD. 20706								
	20s. METHOD OF DISPOSITION  1 © Burlal 2 Cremation 3 Remo  4 Semation 5 Other (Specy)  21. SIGNATURE OF PUNSIAL SERVICE LICE	Hillo		-1	5/95 Cum	perland, berland, uneral	MD.		
Legi eyel	23. PART I. Enter the diseases, or c	omplications that caused the de		09-311 Decat			, MD. 21502		
	ahock, or heart failura. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause/on each line	Dostu				Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):								
AL.	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PROPERTY AND AUTOPSY PROPERTY OF COMPLETION OF CAUSE								
AN: MEDIC	DID TOBACCO USE CONTR			NO 🗆 UNCERTAI	N 🗆	\$200	OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY. 1 YES 2 NO	NOSPITAL: Inputsent 2 - ER/Outputient 3	OF DEATH (Chec	CO1578, 141508)	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	25c. INJURY AT WORKT	284. DESCRIBE HOW IN				
	3 Sufcide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)			28f. LOCATION (Street at City or Xmen, State)	**************************************	Route Number		
COMPLETED	2 MEDIGAL EXPLINES	IAN: To the best of my knowledge, de t: On the leads of examination and/or /	eth occurred at the	time, date and place, and due r opinion, death occured at the	to the cause(x) and many time, date and place, and	ner as stated. I due to the cause	(x) and manner as stated.		
TO BE	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	PO79	30	▶ 9	(Month, Day, Mar)		
7	31. DATE FILED (Month, Day, Poer)	22. REGISTRAR'S SIGNATURE	) 10	N Gres	ene 5th	1. Build	10412		
	SEP 0 5 1995	Jalia Davidson Rand	all.				DMMH 16 Day 1900		



ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-728 10/6/95 t.t

	Item22,g-727,9-20-95,p	perf.h.,dk											
	1 SIAIE	TATE OF MARYLA											
	1, DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	AIE OF		REG. NO		3. TIME OF DEATN					
	LAMAR	La 205 #-		LEXANI	DER, S	EPTEMBE	R 15,9	EAR					
	090-84-0282 1 XM 2 - F YRS. 2 17 HOURS MIN. JUNE 29,1995 BAL												
œ	Se. FACILITY NAME (If not institution, give street an				LOCATION OF DEA		9c. COUNTY						
5	JOHNS HOPKINS HOS	PITAL	E	SALTIM	ORE CIT	Y		N/A					
DIRECTOR	NEW YORK 10b. COUNTY	/A	10c. CITY, TO	DWN OR LOCATH BR	ONX			10d. INSIDE CITY LIMITS? YES 2 NO					
FUNERAL	1535 UNIVERS	SITY AVE.		101.	ZIP CODE 1045	3	110	S.A.					
ВХ	1 XNouse Marriad 2 Marriad F	WAS DECEDENT EVER IN L FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO	If yes, spec	ENDENT OF NISPANIC city Cuben, Mexican, 2 [XNO Specify:	C ORIGIN? (Specify Ye, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc. Specify: BLACK					
	15. DECEDENT'S EDUCATION (Specify only highest grade comple		6e. DECEDENT'S USI	done during mos		166. KIND OF BU	ISINESS/INDUS	TRY					
CÖMPLETED		ltege (1-4 or 5+)	iffe. Do NOT use re			N	/A						
SMC	N/A N/Z 17. FATHER'S NAME (First, Middle, Last)	A			18. MOTNER'S NAM	E (First, Middle, Maide	n Surname)						
	LAMAR ALEXANDER	, SR.				E L. CA							
) BE	19a, INFORMANT'S NAME (Type/Print)					oute Number, City or To							
5	RONNETTE CATOR		2046 1	E. EAG	ER ST.	BALTO,		21205					
	20a METNOD OF DISPOSITION  **Pauriel 2   Cremation 3   Removal for a Donatton 6   Other (Specify)	rom State 20b. P	LACE AND DATE OF D		. SEPT. 20, 1995 BALTO, MD.								
	FI SIGNATURE OF FUNERAL SEMPLE LICENSE		0	22. NAME ANI	D ADORESS OF FACI								
	Malin B. A	chulona	L. Dr.					O,MD.21213					
	23. PART I. Enter the diseases, or complete or heart fallure. List of	ilications that faue di	the destr. Do not										
	IMMEDIATE CAUSE (Fine)												
	disease or condition NO ANATOMIC OR TOXICOLOGIC CAUSE OF DEATH a NO ANATOMIC OR TOXICOLOGIC CAUSE OF DEATH												
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING												
IF	CAUSE (Disease or Injury that initiated aventa	DUE TO (OR AS A	CONSEQUENCE OF):										
2	resulting in death) LAST												
PHYSICIAN: MEDICAL C	PAST II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I 24s WAS AN AUTOPSY 24b WERF AUT												
ME						′		1 YES 2 NO					
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CIA		SPITAL:		THER:		2 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
XS	1X YES 2 NO 1 -	Inpatient 2 X ER/Outpat 26e. DATE OF INJURY	Nent 3 DOA 4		5 Residence		INTITIBA OCCUI	REO					
	1 Netural 5 Pending	(Month, Day, Year) 9-15-95	UNKNOW	y wor	RK?	UNKNOWN	BE NOW INJURY OCCURED						
ВУ	2 Accident Investigation 3 Suicide S Y Y Could not be	28e. PLACE OF INJURY -	- At home, farm, stre			281. LOCATION (Stree	t and Number or	Rural Route Number TOCET					
田田	3 Suicide s XXCould not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State 1016 N. CASTL BALTIMORE CITY, MB.												
P	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	: To the best of my knowle	dge, desth occurred	et the time, dete	and place, and due t	to the cause(a) and m	anner as stated						
COMPLETED	one) 2 MEDICAL EXAMINER: On	the besis of exemination	and/or inveatigation,	in my opinion, de	eath occured at the t	time, data and place,	and due to the	couse(s) and manner as stated.					
ш	298. BIGNATURE AND TYPLE OF CERTIFUR	-	•		29c. LICENSE NUM	BER		BIGNED (Month, Day, Year)					
0 8	X	~			O.C.M.	Ε.	SEPTE	EMBER 16,19					
	I 30. WAME AND ADDRESS OF PERSON WHO CO	SEDI ETEN CALIBE DE NEV	TAL STREET, ATD ST										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 shauld be der filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLA

COMPLETEO CAUSE OF OEATN (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201
32. HOUSTRANG STONATURE Parks STONATURE Parks STONATURE Parks STONATURE Parks STONATURE Parks STONATURE Parks STONATURE Parks STONATURE Parks STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONATURE PARKS STONA

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he hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	within	nplete	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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SEP2 0 1995

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LORRAINE M. BERTOLINI SEPT 18" 1995 1:50 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 233-20-1107 SEPT 20 TELINOIS 77 DAYS HOURS 191 1 M 2 X F 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SAINT JOSEPH MEDICAL CENTER TOWSON. MD BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 123 FORESTDALE AVE 21061 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried BY 1 YES 2 NO Specify 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementacy/Secondary (0-12) College (1-4 or 5+) CLERK SOCIAL SECURITY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumarne) CHARLES F. MEYERS FRACES RAUTHE notified at BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 CHARLES BERTOLINI 4823 DEER PARK RD OWINGS MILLS, MD 21117 è 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE GLEN "HAVEN" MEMORIAL 9/22 GLEN BURNIE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE RAYMOND C. FINK FUNERAL HOME 1 426 CRAIN HWY SW GLEN BURNIE, MD21061 medical Enter the decases, or complicatione that paused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart fellure. List only one ceuse on each line. 23. PART I. Enter the Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition resulting in deeth) CHRONIC OBSTRUCTIVE PULMONARY DISEASE event, DUE TO (OR AS A CONSEQUENCE OF): CONGESTIVE HEART FAILURE traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE DE): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 10 Injury, PART II. Other algnificent conditione contributing to deeth but not resulting in the underlying cause given in Pert I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? any 1 - YES 2 NO OF DEATH? Shows 1 TYES 2 TYNO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🔯 NO 🗌 UNCERTAIN 🗆 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? HOSPITAL:
1 Winpatient 2 - ER/Outpetient 3 - DOA OTHER: 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 6 Could not be detarmined 281. LOCATION (Street end Number of Rural Route Number, City or Town, State) COMPLETED 28 4 Homicide item 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and menner as stated. MPORTANT: H 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D. D19508 ▶SEPT 18 1995 de Lever m.D.

32. REGISTRAR'S SIGNATURE

NATIVIDAD DELEON, M.D., ST. JOSEPH MEDICAL CENTER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

7620 YORK RD

TOWSON, MD 21204

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICALE	F DEATH	REG. NO						
	1. OECEDENT'S NAME (First, Middia, List)  AGNES BARBARA BEYER  2. DATE OF DEATH SEPT 16 ^{NAY} 1995 ^R 5:45											
	4. SOCIAL SECURITY NUMBER 214-24-5242	1 🗆 M 2 💢 🖺	77 YRS.	IF UNDER 1 YE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign					
LOR	9a. FACILITY NAME (If not institution, give s 1214 WEDDEL AV				IMORE	EATN	9c. COUNTY	OF DEATH				
딥	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR	MARYLAND  10e. STREET AND NUMBER	NA		LTIMO	RE			10d. INSIDE CITY LIMITS? 14 YES 2 NO				
NERA	3023 FREDERICK				21223		U.	S.A.				
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes	DECENDENT OF HISPAI , specify Cuban, Mexica YES 27 NO Specif			RACE — American Indian, Black, White, atc.				
Ш	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPleted)	16a, DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUS	TRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT us	RY AI		HOSPI'	TAL					
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Malden	Sumame)					
BE (	UNKNOWN				MARY R		1					
2	19a. INFORMANT'S NAME (Type/Print) MARGARET C. PRO	OSCHER	19b. MAILING 1214	WEDDE	et and Number or Rural L AVE BA	Route Number, City or Tow. LTIMORE,	m, State, Zip Co.	^{de)} 223				
	20a. METHOD OF DISPOSITION  TO Burlai 2 Cremation 3 Remark  4 Donation 5 Other (Specify)	ovel from State	20b. PLACE AND DATE	PEDRAL	CEMETER	Y9/21 BA	CATION — CHY LTIMO	RE, MD				
	RAYMONDRESCOF FACTORING FUNERAL HOME 426 CRAIN HWY SW GLEN BURNIE, M											
-	23. PART I. Entar the diseases, of cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	METAS	on asch line.  STATIC CA  AS A CONSEQUENCE OF	NCER	moda of dyling, suc	h aa cardiac or respi	ratory arreat	, Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
EDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 2X NO  24b. WEF											
Σ	DID TOBACCO USE CONTR	DIRLITE TO CALIS	E OF DEATH VE	C I NO	LINICEDTAL			1 TYES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL	GBUTE TO CAUS	26. PLACE OF DEAT		UNCERTAIL	101						
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:								
ΥS	1 YES 2 NO	1   Inpatient 2   ER			lome 5 XRasidenca							
ВУ РН	27. MANNER OF OEATN  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJU (Month, Day, Y	bar) INJ	URY M 1 (	INJURY AT WORK?	28d. DESCRIBE HOW II	DESCRIBE HOW INJURY OCCURED					
8	3 Suicide 6 Could not be building, etc. (Specify)  28e, PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f, LOCATION (Street and Number or Rural Floute Number of Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Floute Number or Rural Fl											
COMPLET						to the cause(a) and man		use(a) and manner se stated,				
BE C	290. SIGNATURE AND TITLE OF CERTIFIER		700X		29c, LICENSE NUN D28236			GNED (Month, Day, Year) T 18 1995				
2	M NAME AND ADDRESS OF THE STATE OF	COMPLETES SAID	(IV)		DZ0236	,	- SEP	1 10 1333				
	DORIAN ST.MART				CK RD BA	LTIMORE,	MD 21	229				
	31. DATE FILED (Month, Day, Year) SEP 2 0 1995	John Shud	or Rordall									

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

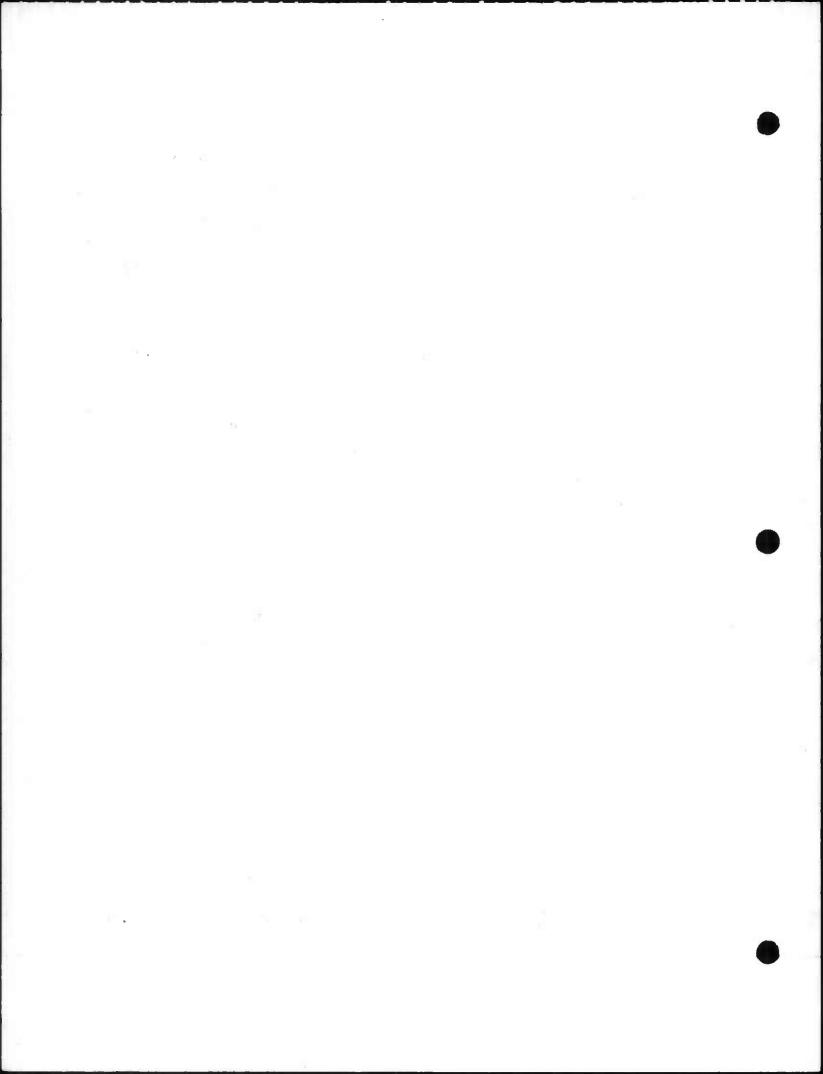
FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAM			CENTIF	ICALE	Jr DI	CAIR	HEG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) FLORINE G. BENNE	ГТ	2. DATE OF DEATH MONTH DATE SEPT. 1	3. TIME OF DEATH 16:06 M									
				MONT		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) SEPT. 25, 19	8. BIRTHPLACE (State				
	215-24-3732	YRS.				SEPT. 25, 19			YLAND				
H	9a. FACILITY HAME (If not institution, give st HARBOUR HOSPITAL	treet and number)					IMORE	EATH		TIMO	RE CITY		
KI	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR I						tod. INSIDE CITY LIMITS?		
		BALTIMORE	CITY				IMORE				t X YES 2 HO		
A	10e. STREET AND NUMBER					10f. ZIP			10g. CIT		VHAT COUNTRY?		
崱	2717 HOLLINS FERR							230		U.S			
BY FUNERAL	1t. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		It ye	s, specify	ENT OF HISPA: Cuban, Maxici NO Special	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) fy:	or Ho—		E — American Indian, c, White, atc.		
	16. DECEDENT'S EDU	CATIOH	16a	. DECEDENT'S	USUAL OCCI	PATION		16b. KIND OF BUS	INESS/ING	DUSTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5		(Give kind of life. Do NOT us	work done duri se retired.)	ng most of	working						
COMPLETED	8TH GRADE	College (1-4 b) 3		RAPHIC	ARTI	ST		MARYLAND	CUP	COR	PORATION		
OM	17. FATNER'S NAME (First, Middle, Last)					16.	MOTNER'S H	AME (First, Middle, Maiden	Sumame)				
E C	JAMES W. HEDGES					]	PEARL 1	ELIZABETH M	icCRE	ADY			
BE	19a. IHFORMANT'S HAME (Type/Print)			19b. MAILING	ADDRESS (S	treet and A	lumber or Rural	Route Number, City or Town	n, State, Zij	Code)			
5	BRUCE BENNETT			344 E	IENSLE'	Y DR	IVE - 0	QUEENSTOWN,	MD	216	58		
	20s. METNOD OF DISPOSITION 20s. METNOD OF DISPOSITION   DATE   20c. LOCATION - City or Town, State   20s. PLACE AND DATE OF DISPOSITION (Name of V.) Burlel 2 Cremation 3 Removed from State   20s. PLACE AND DATE OF DISPOSITION (Name of V.) DATE   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION - City or Town, State   20s. LOCATION												
	21. SIGNATUSE OF FLINEISAL SERVICE LIK	ENSEE	1//	,				AL HOME, II		MODE	MD 21220		
	4107 WILKENS AVENUE - BALTIMORE, MD 21229  23 Part - Tenter the disease, or offmpilosters that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate												
CERTIFICATION	shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
R		0.											
MEDICAL	Chronic Obstructive Lung Disease 1 yes 2×40 OF										WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL	I		LACE OF DEA						_			
i C	EXAMINER?	HOSPITAL:			OTHER:								
PHYSICIAN:	1 YES 2 NO	1 Inputiant 2						6 Other (Specify)	NJURY OC	CURED			
BY PI	1 K Heturel 5 Pending (Month, Day, Year) INJURY WORK?  1 YES 2 NO												
ED	2 Accident Investigation 3 Suicide 8 Could not be distarmined  26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  26b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)												
COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
BE	296. SIGNATABE AND TILE OF CERTIFIER  296. LICENSE NUMBER  29d. DATE SIENED (Mghth, Day, Year)  297. 1897												
10	DR. JORGE VALLEC	ILLO - 4	000 AN	NAPOLI		) – I	PARK-AN	NA MEDICAL	CTR	-BAL	TIMORE, MD		
	SEP 2 0 1995 (.1.: 32 REGISTRAR GIGNATURE												

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

after death. Page 6 may be retained by the hoesital or attanding sheeterise	under court, region may be common by the most man are many proportion.  By the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should movel.	ical examiner must be notified at once.	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Prace 6 may be retained by the household or areadon subscision.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN								
į.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH						
1	ROSA P.		BROOK	S		SEPTEMBER		YEAR	4:19	A				
- 1	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10	. BIRTHPL	ACE (State or Foreign	n				
	218-22-9634		69 yrs.	DAYS DAYS	HOURS MIN.	FEB" DE 10"1	926	Counted						
~	9a. FACILITY NAME (If not institution, give		9		R LOCATION OF D	EATN		Y OF DEAT						
DIRECTOR	KIMBROUGH ARMY H	OSPITAL		FT.	MEADE		ANNE	ARUN	DEL					
3EC	10a. STATE 10b. COUNT			TOWN OR LOCAT	ION			10	d. INSIDE CITY	$\dashv$				
	MD N/	A	BA	ALTO				×	LIMITS?					
FUNERAL	100. STREET AND NUMBER  2010 DUKELAND	ST.		101.	21216			S.A.	T COUNTRY?					
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			NIC ORIGIN? (Specify Yes	or No- 1	4. RACE -	American Indian,	$\dashv$				
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES			city Cuban, Maxica 2 X NO Specif	nn, Puarto Rican, etc.) y:		Specify:	, While, etc.					
	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US		•	1			BLACK	_				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	e completed)		k done during mos		16b. KIND OF BU	SINESS/INDU	STRY		- 1				
14	G.E.D.	College (1-4 or 5+) N/A	CLE	ERK		SOCI	AL SE	CURIT	Ϋ́	- 1				
S	17. FATNER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			$\neg$				
BE (	FRANK FLEEKS				MAMIE	CAGER								
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				$\neg$				
	THOMAS E. BROOKS 20a, METHOD OF DISPOSITION				LAND ST.					_				
	1 X Burlai 2 Cremation 3 Ram	ioval from Stata 20b	PLACE AND DATE OF I	DISPOSITION (Na.	ne of		CATION — CH NDALLS			- 1				
	4 Donalion 5 Other (Specify) Commence of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of Fundance of F													
	Hala	Marc	L	MARC	H F/H-WE	ST 4300 WA	BASH A	AVE						
	23. PART i. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final	Biot birty bird could bir c	acti inva.						Onset and Da					
	disease or condition resulting in death)													
			DUE TO (OR AS A CONSEQUENCE OF):  CORONARY ARTERY DISEASE											
NO N	Sequentially list conditions,	W	CONSEQUENCE OF):	DISEASE	i .									
CAT	If any, leading to immediata cause. Enter UNDERLYING	DIABETE												
Ė	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A												
CERTIFICATION	resulting in death) LAST	d												
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
20						PERFOR		CO	MILABLE PRIOR TO MPLETION OF CAUS	E				
ME							24 110		DEATH?					
ž	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NO □	UNCERTAIL	N 🖾				- 1				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH											
YSI	YES 2 NO	1 - Inpetient 2 XER/Outp		THER:  Nursing Nome	5 🗆 Realdence	6 C Other (Specify)								
	27. MANNER OF DEATH  1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOI	IK?	28d. DESCRIBE NOW I	NJURY OCCU	RED						
B	2 Accident Investigation	28s. PLACE OF INJURY	- At home term stre		ES 2 NO	28f. LOCATION (Street a		0.10		_				
COMPLETED	4 Homicide 6 Could not be determined	building, atc. (Spec	elly)	ot, lectory, office		City or Town, State)	ind Number or	HURIT HOUR	Number,					
7	29a. CERTIFIER (Check only 1X) CERTIFYING PHYS	ICIAN: To the best of my knowl	ledge, death occurred a	it the time, date	and place, and due	to the cause(a) and man	ner as stated							
ĕ		ER: On the beals of exemination							d manner as stated	s.				
BE C	296. SIGNATURE AND TAPLE OF CERTIFIE	1			29c. LICENSE NUN	ABER 7	29d. DATE S	SIGNED (Mo	onth, Day, Year)	$\dashv$				
TO B	WISICENT	DW8			C 34	8//	▶ SEF	TEMB:	ER 14,19	95				
-	30. NAME AND ADDRESS OF PERSON WN		ATH (ITEM 27) (Type, Pri											
A	WILLIAM B. ICEN	HOWER, M.D.	or large	KACH,	FT. MEA	DE, MD 2	0755-5	800						
	SEP 2 0 1995	CISTIANS ON	W.A											



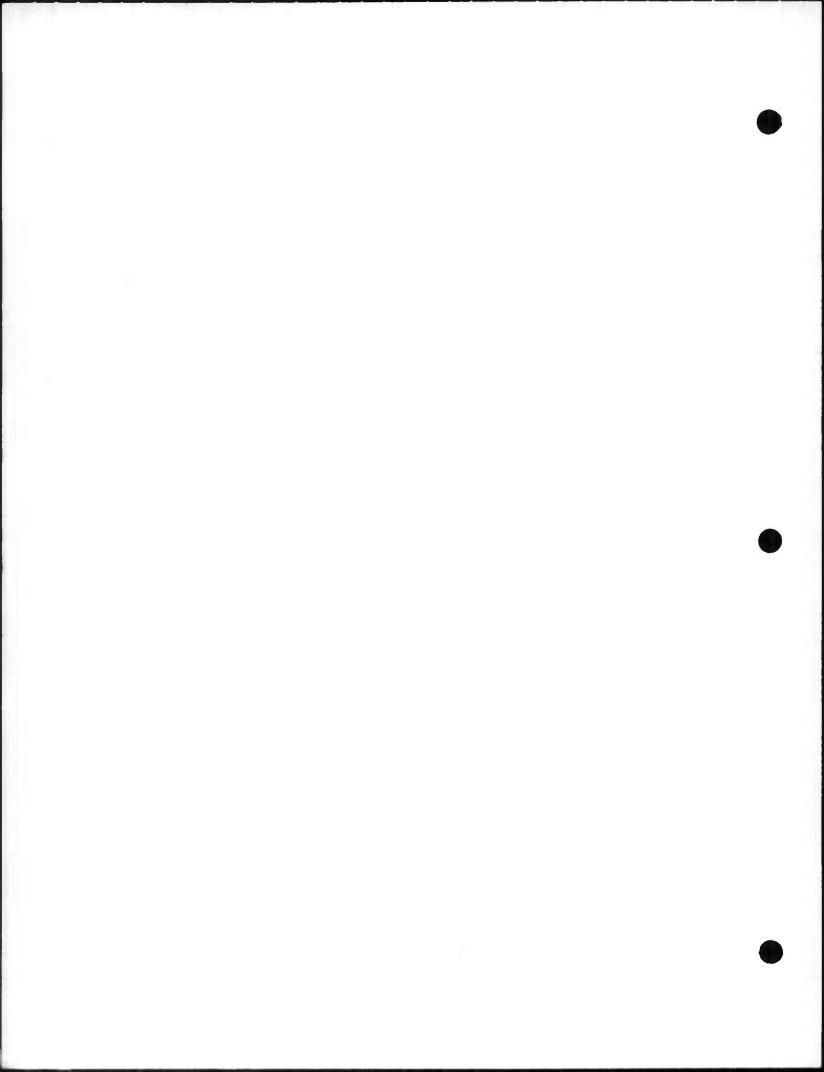
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

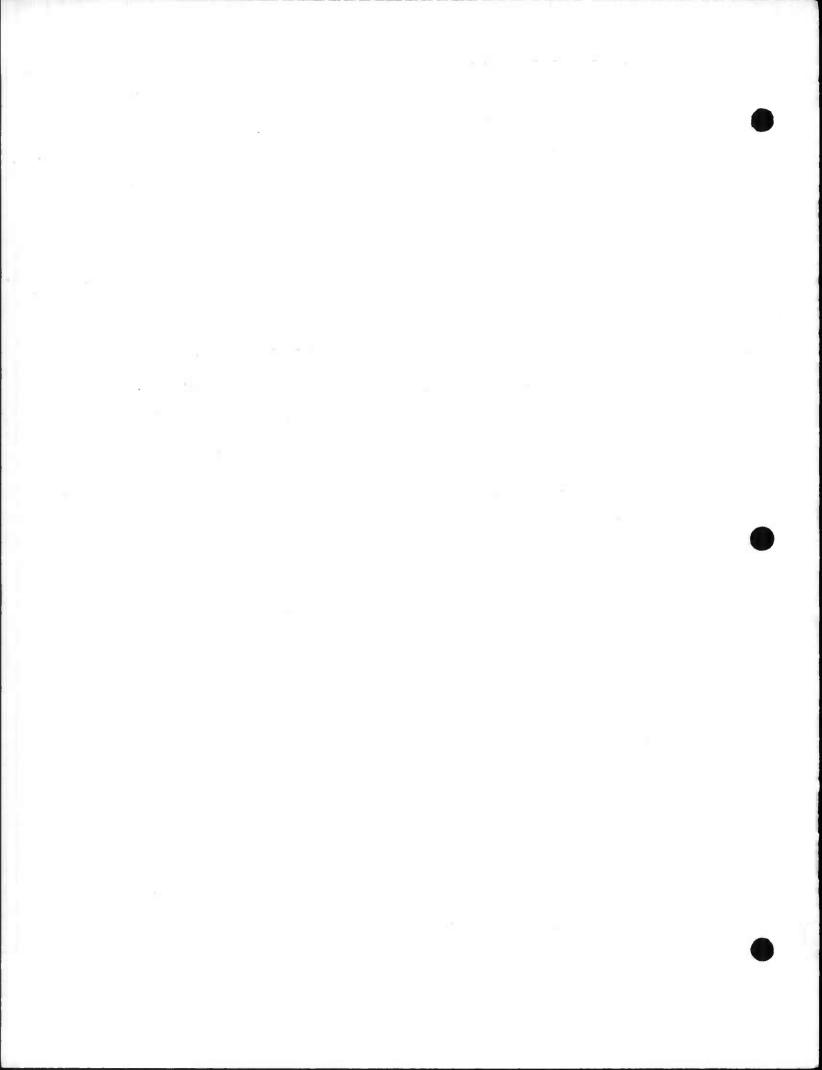
		1 - FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEF	ARTME	NT OF I	HEALTH DEA	AND I	MENTA	AL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle,										E OF DEATH			3. TIME OF DEATH
		GEORGE DONALD BURNS, SR. 9 18												95	4:27 P M
-		4. SOCIAL SECURITY NUMBER 216-20-4710		5. SEX 1 🔀 M 2 🗌 F	1111	yrs. lest birtho	MONT	HB DAYS	HOURS	R 24 HRS. MIN.	7. DATE (Mor	E OF BIRTH th, Day, Year) 7/27		Country)	LACE (State or Foreign
3 should		9a. FACILITY NAME (If not institution,	give atr	eet and number)			9b. (	CITY, TOWN	OR LOCATI	ON OF DE			9c. COUN	TY OF DEA	
o,i	DIRECTOR	GARRETT MEMORI		HOSPITA	L		<u></u>	С	AKLA	ND			G	arre	tt
Sec	R	)	YTAUC			10c.		VN OR LOCA	TION					1	Od. INSIDE CITY
ermit. P		MARYLAND E	ALI	IMORE			TOWS		f. ZIP COD	E			10a, CITIZ		YES 2X NO
nsit s	ER	1411 PROVIDENC	E R	CAD					21	286				USA	
ing physician, the burlat-transit permit, Pages 1,	BY FUNERA	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES NAR OR DAT	2 NO		If yes, sp	CENDENT Concept Cube	ın, Mexica	n, Puerto	IN? (Specify Yes Rican, etc.)		14. RACE - Black, Specify:	- American Indian, white, etc.
S 8	ED	15. DECEDENT	FDUC		II	16a, DECEDEN	T'S HEHA	I OCCUPATION	ON		1 40	- KAID OF BILL		_	MHITE
. 6 .	COMPLETE	(Specify only highest Elementary/Secondary (0-12)	grade c	College (1-4 or 5		(Give kind life. Do NO	of work de Tuse retin	one during mo ed.)	ost of worldi			b. KIND OF BUS	SINESS/INDI	DSTHY	
the hospital detached fo	OMP	12th Grade 17. FATHER'S NAME (First, Middle, La	100			Auton	otiv	e Par				Towso		lge	
क द्व	ш	John Mowbrey Burns										Middle, Maiden			
s retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print				and Number	r or Rural I	Route Nun	nber, City or Tow		Code)				
y be n age 5		Pauline Burns 200. METHOD OF DISPOSITION						ovide		Road		wson,		1286	
age 6 may be director, page er must be		1 X Burial 2 Cremation 3 C		vat from Stata	came	PLACE AND DA tery, cremetory COVIDE	or other pla	ace)		Com	DA	21/95	CATION C	-	
Page al direc		21. SIGNATURE OF FUNERAL SERVI	CE LICE	INSEE		LOVIGE		22. NAME AI				ZII/93	TOWS	on, i	MD
death, Pag tuneral di I, examiner		Johnson Funeral Home 8521 Loch Raven Blvd. Towson, MD 21286											01006		
ours after of in by the or removal.		23. PART I. Enter the diseases	Dr co	emplications the	t caused	the death. E	o not er	nter the mo	LOCI de of dy	Ing, suc	en E	diac or reapi	TOWSC	on, Mi	21286 Approximate
Do Se		ahock, or heart fall IMMEDIATE CAUSE (Final	ure. L	ist Dnly Dne cau	JSO DN ead	ch line.									Interval Between Onset and Death
		disease or condition resulting in death)	a			ar Arr		mia,	Acute	2					Sudden
2 5 2 5	_		_			consequenc leroti		rdio_	Vacar	.1	Dia				77 1
. 8 " 0 5	CATION	Sequentially list conditions, if any, leading to immediate	b.			CONSEQUENC		ruxo-	vasce	ııaı	DIS	ease			Unknown
0 0 0	CA	cause. Enter UNDERLYING CAUSE (Disease or injury	G.												
ding tygie	RTIFI	that initiated events resulting in death) LAST	1	DOE 10	(OR AS A C	CONSEQUENC	OF):								
deati e atte lental	S	DART II Osh I - III	d.												1
that the	EDICAL	PART II. Other aignificant con-	litiona	contributing to	deeth but	t not resulti	ng in the	underlyin	g cause (	given in	Part i.	24a. WAS AN PERFOR	MED?	A	VAILABLE PRIOR TO OMPLETION OF CAUSE
requires the been signed of Health a	ME												A.V.		F DEATH?
law as b lept.	AN	OBACCO USE CO	_	IBUTE TO CA				- 44	UNC	ERTAIN	1 🗆				
PHYSICIAN: The this certificate h with the State C	PHYSIC!	ASE REFERRED TO MEDIC INER? YES 2 \( \square\) NO		HOSPITAL:		8. PLACE OF E	OTH	IER:			- C				
Sicial certific the the d. or	H	ANER OF DEATH		28a. DATE OF	INJURY		TIME OF	Nursing Hom 28c, INJ	URY AT	sidence		er (Specify) SCRIBE HOW II	NJURY OCCI	URED	
DING PHYS After this death with	ВУ Б	1 Natural 5 Pending 2 Accident Investige	tion	(Month, D			INJURY	1 1 1	YES 2	NO					
OTTEN STOR: after	MPLETED	3 Suicide 8 Could no 4 Homicide datermin		28e. PLACE O building,	F INJURY — atc. (Specif)	— At home, tar	n, street,	tactory, offic	•		28f. LO	CATION (Street a or Town, State)	nd Number o	or Rural Rou	ite Number,
4 4 2 E	APL			AN: To the best of											
HOSPITAL FUNERAL within 72 TTANT: If	CON	2XX MEDICAL EX		On the beals of a	xamination	and/or investig	etion, in n	ny opinion, d	eath occur	red at the	time, dat	e and place, an	d dua to the	cause(s) s	nd menner as stated.
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT:	BE (	296. SIGNATURE AND TITLE OF CER	PIFIER	14	- /	/_	2 8			ENSE NUN					fonth, Day, Year)
₽₽₩.	2	30. NAME AND ADDRESS OF PERSO	N WHO	COMPLETED PAU	SE OF DEAT	OZ (ITEM 27) (I	rpe, Print)	<b>ハ</b>	D	0565	8		Sej	ptemb	er 18,1995
-		Herbert H. Le	igl	nton, M.	.D.,	502 E	0al	k Stre	eet,	0ak]	Land	, Maryl	Land	2155	0
		31. DATE FILED (Month, Day, Year)	1	32. REGISTRA	R'S SIGNAT	TURE									
		SEP2 0 1995	Tul	a dispersion	ment	ed.									

DHMH-18 Rev 1/89





	1 - STATE REGISTRAR		RTMENT OF I		MENTAL HYGIEN REG. NO.	E .			
	1. DECEDENT'S NAME (First, Middle, Last)  WILLIAM F. BAXT	EI	2		2. DATE OF DEATH	16 190	EAR 05 DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. ) (M 2 $\square$ F	lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Month, Day, Year)	19	BHRTHPLACE (State or Foreign Country)  COUNTRY		
H	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF DE	EATN	OF DEATH			
CTO	St. Joseph Hospital					ba.	ltimore		
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	AS T	MISAD	06/		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER		10	r. ZIP CODE	e i i	10g. CITIZEN OF WHAT O			
UNE	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S.	ARMED	13. WAS DE	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No.— 14	. RACE — American Indian,		
ВУ	1   Nover Married 2   Married   FORCES? 1   YES 2   IF YES, GIVE WAR OR DATES	□NO	II yes, s	pecify Cuban, Mexica 5 2/D NO Specify	n, Puerto Rican, etc.)		Black, White, atc. Specify:		
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUPATI work done during me	ON ost of working	16b, KIND OF BUS	INESS/INDUS	TRY		
COMMELETED	Elementary/Secondary (0-12)  1 1  College (1-4 or 5 +)	Mr. Do NOT u	Moderation of	Technicia	n Electi	onics			
CO	17. FATNER'S NAME (First, Middle, Last)	2			ME (First, Middle, Maiden		4.41		
BE	WILLIAM BAXTER  19a. INFORMANT'S NAME (TYPOPPINI)		ADDRESS (Street		E CAS				
2	ELAINE CANTWELL		DUCK LAN		ISLIP, NY		ide)		
	20a. METNOD OF DISPOSITION 1	CEAND DATE	of disposition (N. other place) n Natior	ame of	DATE 20c. LO	CATION — City	or Town, State		
	21. SIGNATURE OF EUNERAL SERVICE LICENSES	IVEI LO	22. NAME A	ND ADDRESS OF FA	CILITY		on, NY.		
	Alas. Centry	nocol	736	Edmondso	ton Funera n Ave. Ba	lto, M	D. 21228		
N	23. PART I. Enter the disease, or complications that caused the shock, or heart failure. List only one cause on each I IMMEDIATE CAUSE (Final disease or condition resulting in death)	death. Do i	Hace	Perce (	Plmoning	Solo	interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death but no	ot reaulting	in the underlyin	g cause given in	Part I. 24a. WAS AND PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DI			UNCERTAIN	VD				
SIC!	25. WAS CASE RESERRED TO MEDICAL EXAMINATY  12 YES 2 \( \text{ NO} \)  1   Inpatient 2   ER/Outpatient		TN (Check only one) OTHER:						
Ä	27. MANNER OF DEATN 28s. DATE OF INJURY	28b. TIM	IE OF 28c. IN.	URY AT	8 U Other (Specify) 28d. DEŞCRIBE NOW IN	JURY OCCUR	RED		
BY	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJ		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide detarmined	home, term,	atreet, factory, offic	a	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge,						suse(s) and menner as stated		
	29b. SIGNATURE AND TITLE OF CERTIFIER			29 LICENSE NUM			IGNED (Month, Day, Year)		
O BE	Whalast Or on	ene	eleun	1)-09	1383	. > 91	17/95-		
٥	30, MAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (I	TEM 27) (Type	Print)	6711	Phi	188	212-10,		
	31. DATE FILED Month Do 2000 1995 32 Jedistrally sucharium	Marolalle	Car Sand	JEL N	LI Ed -		I MATE PAI		



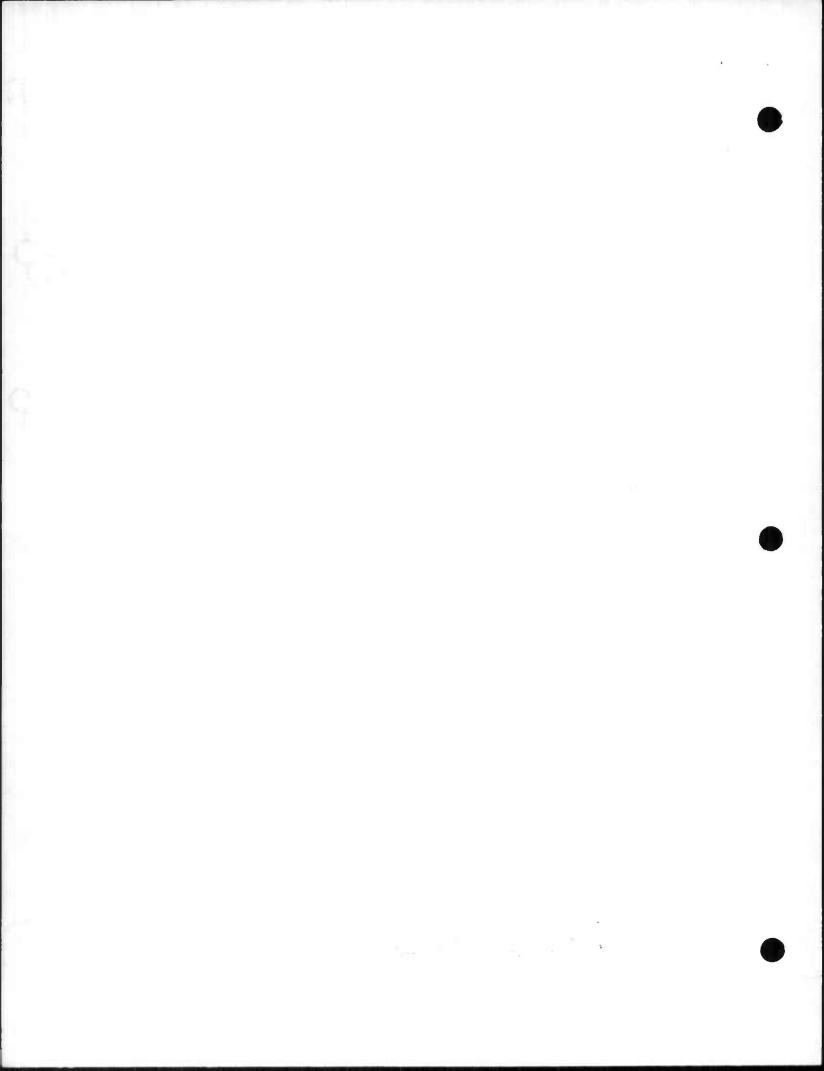
physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.	
TO THE HOS	TO THE FUN be filed with	IMPORTAN	

	1 - FOR STATE REGISTRAR	STATE OF MARY!	AND / DEPART	MENT OF I	EALTH AND	MENTAL HYGIENI REG. NO.	Ē		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	WALTER CHARLES	CROUSE JR.				SEPTEMBER	15, 199	5 8:50 a.m. w	
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	RTHPLACE (State or Foreign untry)	
	218-14-9424	NX M 2 □ F 71	YRS,	HONTHS DAYS	HOURS MIN.	July 17,19	124	Marvland	
œ	9e. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUNTY OF		
DIRECTOR	VA MEDICAL CENTER	{		FORT HO	WARD		BALTIM	ORE COUNTY	
REC	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY	
		ltimore		Baltim	ore Coun	ty	1 TES 2 N		
₹ F	10e. STREET AND NUMBER			10	. ZIP CODE			F WHAT COUNTRY?	
FUNERAL	4908 Ridge Rd.	Language			21237		USA		
교	1 Never Married 2 Married FORCES? 1 X YES 2 1			If yes, sp	ecify Cuban, Mexico	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No- 14. RA	ACE American Indian, ack, White, atc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	WW 11	1 TYES	2 XXIO Specif	y:	Sp	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	18a. DECEDENT'S U	SUAL OCCUPATION And Author Michigan	ON .	18b. KIND OF BUS	INESS/INDUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)				0	
₹	7th grade	N/A	Ednibue	ent Ope		Asphalt		e co.	
	Walter Charles C:	rougo Sr			Dora J	ME (First, Middle, Maiden S	lumame)		
H	190. INFORMANT'S NAME (Type/Print)	10056, 51.	10h MAII INO A	OORESS (Street of			0.000		
요	Mrs. Emma P. Cro	use	19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town 4908 Ridge Rd. Baltimore, Md. 2						
	20a. METHOD OF DISPOSITION	201	b. PLACE AND DATE OF			ATION — City or Town, State			
	1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	imore,	Md.						
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	D ADDRESS OF FA	CILITY					
	Heather	toesahn	/			ral Home Rd. Baltimo	re Md	21236	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on a	d the death. Do no	t entar the mo	de of dying, aud	h aa cardiac or reapir	atory arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death	
	resulting in death)	. UROSEPSIS						DAYS	
_	DUE TO (OR AS A CONSEQUENCE OF): HACVD WITH DYSPHASIA AND CONTRACTURES								
0	Sequentially list conditions, If any, leading to immediate  b. IRCOVD WITH DISTRASTA AND CONTRACTORES  OUE TO (OR AS A CONSEQUENCE OF):								
HTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury								
	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
SER I	reaulting in death) LAST	d							
AL	PART II. Other algolificent condition	na contributing to death t	out not reaulting in	the underlying	ceuse given in			4b. WERE AUTOPSY FINDINGS	
	PARKINSON'S DIS	EASE				PERFORM		MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC								OF DEATH?	
	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	OF DEATH YES	□ NO E	UNCERTAI	ND			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATH	(Check only one)					
PHYSICIAN:	1  YES 2 NO	HOSPITAL: 12 Inpatient 2 ER/Out		□ Nursing Hom		8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJUI	RY WO	RK?	28d. DEŞCRIBE HOW IN	JURY OCCURED		
à	2 Accident Investigation	28a. PLACE OF INJURY	/ — At home form et-		ES 2 NO	201 1 2 2 1 2 2 2 2			
COMPLETED	3 Suicide 6 Could not be determined	building, atc. (Spe-	cify)	eet, tactory, offic		281. LOCATION (Street ar City or Town, Stete)	d Number of Hura	I Houte Number,	
E L	29a. CERTIFIER 1 X CERTIFYING PHYS	ICIAN: To the best of my know	rladge, death occurred	of the time date			- Charles		
Š		ER: On the beals of exemination						efs) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI			ED (Month, Day, Year)	
4	Garihma la	modri	us)			628	▶ 9/15	5/95	
2	30. NAME AND ADDRESS OF PERSON WH				V /-				
	CAROLINA CUSTODIO			NTER, F	ORT HOWA	RD, MD 2105	2		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN			7				
	SEP2 0 1995	Jeli Harde	alast 1						

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within EX hours after death. Page 6 may be retained by the hospital or attending physician.

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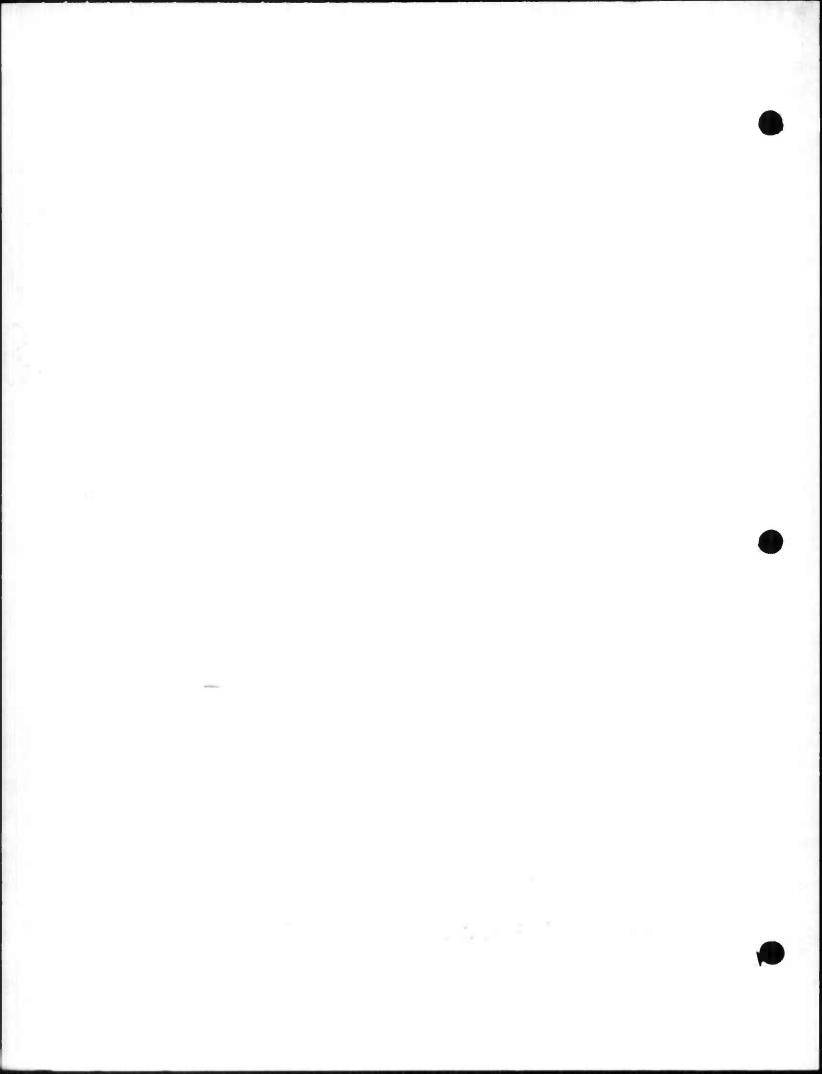
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**BALTIMORE, MARYLAND 21215-0020** 

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEA	ATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH 3. TIME OF DEATH								
- 3	Anne Marie Christy	MONTH DAY YEAR								
		September 19 95 2:35 A M  ER 24 HRS. 7. DATE OF BIRTH  8. BIRTHPLACE (State or Foreign								
	218-32-4483 1 D M 2 XF 94 YRS. WONTHS DAYS HOURS	As a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t								
	8a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCA									
DIRECTOR		The second of second								
5	RESIDENCE OF DECEDENT									
2	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d, INSIDE CITY								
		1 - YES 2 A NO								
¥	10e. STREET AND NUMBER 10f. ZIP CO	DE 10g. CITIZEN OF WHAT COUNTRY?								
FUNERAL	Fait Avenue 7000	224 U.S.A.								
글	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT  15. WAS DECEDENT  16. Yes 2 NO  17. WAS DECEDENT  18. Yes 2 NO  19. Yes, specify Cu	OF HISPANIC ORIGIN? (Spectfy Yea or No— 14. RACE — American Indian, Black, White, etc.)								
BY		O Specify: Specify:								
0	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	White								
ш	(Specify only highest grade completed)  (Give kind of work done during most of work life. Do NOT use retired.)  (Give kind of work done during most of work life. Do NOT use retired.)	king								
COMPLETED	10 NA Hairdresser	Christy Beauty Shop								
Ö	17. FATHER'S NAME (First, Middle, Last)  10. MC	THER'S NAME (First, Middle, Maiden Surname)								
BE	Cornelius Gallagher Ma	adge Bonner								
0	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Numi	er or Rural Route Number, City or Town, State, Zip Code)								
-	dames Christy Fait Avenue /	000 Dundalk, Md. 21224								
	20e. METHOO OF DISPOSITION    X   Buriet 2   Cremation 3   Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other piece)	OATE 20c. LOCATION — City or Town, State								
1 1	4 Donation 6 Other (Specify) Oaklawn Sent	ember22 East Point . Md.								
	21. SIGNATURE OF FUNERAL MERINGE LICENSEE  22. NAME AND ADDI W . Dabj	cowski/Chojnacki F.H.P.A.								
1		undalk Ave. Balto., Md. 21224								
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of									
	shock, or heart failure. List only one cause on each line.	Interval Batween Onset and Daath								
	disease or condition	Onset and Daath								
	resulting in death)  a. UU IV IV IV									
z										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):									
S	Cause: Enter UNDERLYING CAUSE (Disease or injury									
틸	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):									
#	resulting in deeth) LAST									
2	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause	given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
DICAL	dementia	PERFORMED? AVAILABLE PRIOR TO								
E		LAND OF DEATH?								
ME		CERTAIN 🗹								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	CERIAIIY (A)								
Sic	EXAMINER?  1 YES 2 M NO    Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Normal Nor	Rasidence 8 Other (Specify)								
Ĭ	Z7. MANNER OF DEATH 288. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED								
D BY	2 Accident  3 Suicide  28e. PLACE OF INJURY — At home, farm, street, factory, office	261. LOCATION (Street and Number or Rural Route Number,								
ш	4 Homicide determined	City or Town, State)								
LET	29a. CERTIFIER (Check only 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and plants.)									
COMPL	(Check only one)    Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check only one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   Check one   C									
	II 29h SIOMAGURE AND TITLE OF CERTIFIER									
BE	III // A // 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	CENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)								
2	20. NAME AND ADDRESS OF PERSON WHO CONFLICTED CAUSE OF DEATH (ITEM 27) (Type, Print)	77 26 1 5/19/95								
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
l	Shari Ling M.D. 5505 Hopkins Bayview Circ	Le Balto., Md. 21224								
1 1	31. SEP2 0 1995 Jala Beegistran Ganture									

DIVISION OF VITAL RECORDS, P.O. BOX 68760



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

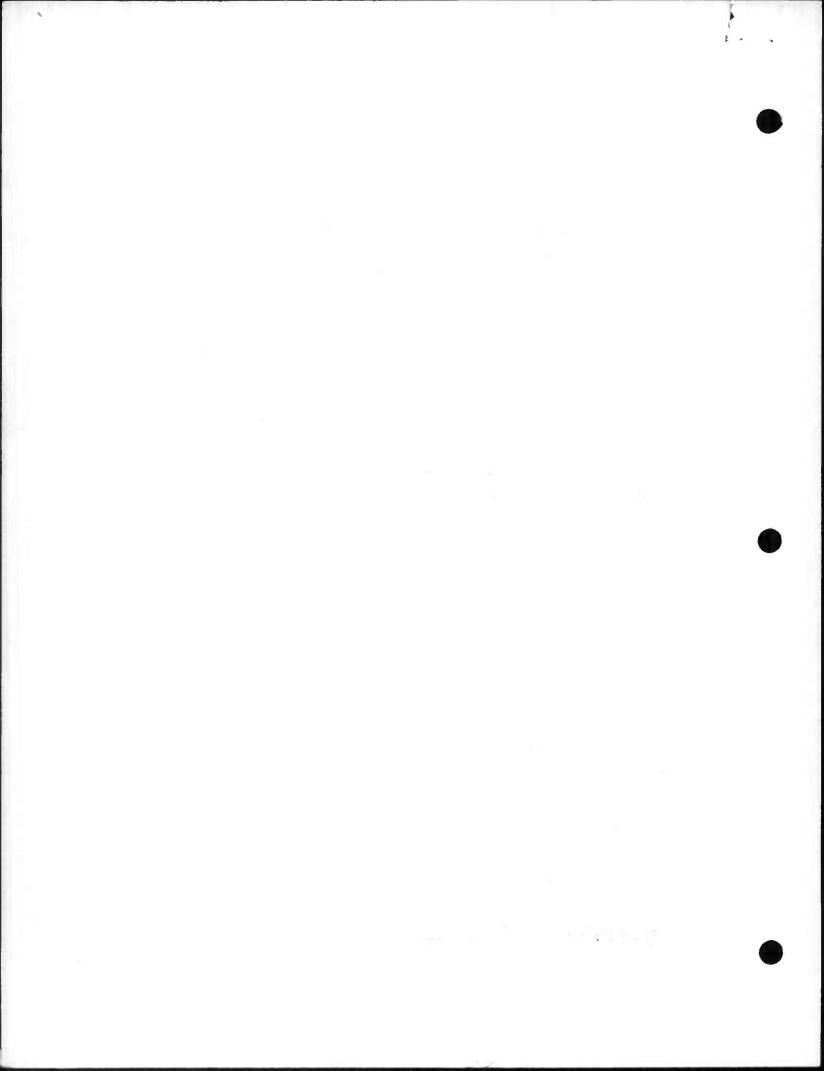
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1 - STATE

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAH				CERTIF	ICALI	E OF	DEA	ſΗ		REG. NO			
	1. DECEDENT'S NAME (First									2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
	CATHERINI		COULT.		CRAIG					SEPTEMBER 11,1995 20:30				
	4. SOCIAL SECURITY NUM 216-76-8017		5. SEX 1  M 2XX F	6. AGE (In yr.	s. lest birthday) YRS,	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE	24, 19	19	B. BIRTH	IPLACE (State or Foreign
	9e. FACILITY NAME (If not	nstitution, give stre	et end number)			9b. CITY	, TOWN	OR LOCATION	ON OF DE				INTY OF D	
DIRECTOR	THE		OPKINS H	HOSPIT.	AL						BALTIMORE CITY			
Ä	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	MARYLAND	BALTIMO	RE		BALT	TIMORE COUNTY								1 YES 2 NO
FUNERAL	4011 MARJEFF		. с			101. ZIP CODE 21236						900 S00	TLAND	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2  3 Wildowed 4 Div	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	2 XNO If yes, specify Cuben, Mexican			en, Puerto Rican, etc.)			14. RACE Black Speci	E — American Indien, k, White, atc.		
윤		CEDENT'S EDUCA		164	DECEDENT'S	USUAL O	CCUPATIO	ON at all working		16b	KIND OF BU	BINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (		College (1-4 or 5 +		life. Do NOT u	se retired.)	during mo	St OF WORK		1		mn a		
M	17. FATHER'S NAME (First, A	Aiddle Leet	N/A	H	UUSEWIIH:	USEWIFE					USEKEEP		WN HUN	1:
BE CO	JAMES ALLAN					J.		111000	BURG		Aiddle, Meiden	Surname)		
2											ber, City or Tow			
	JOHN CRAIG				4011 M				RIMEN	ПСВ				
	20a. METHOD OF DISPOSIT  1  Buriel 2 XXCremati  4  Donation 5 0the	on 3 🗆 Remov	al from State		OCCUPENAT				MBER	16,19			, MARY	
	21. SIGNATURE OF FUNERA	AL SERVICE LICE	NSEE COSH	nor of	SESSIP .	LA	SSAHN	I FUNE	RAL H	DME.	INC.		ND 212	236-4625
$\neg$	23. PART I. Enter the c	liseases, or co	mplications that	caused the	death. Do									
	IMMEDIATE CAUSE (FI	leart failure. Li	at only one cau	se on each	lina.							ratory ar	,	Approximata Interval Between Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):													
NO	disease or condition resulting in death)  a. Subatachnoid hemorrhage 24 hours  Due to (or as a consequence of):  Sequentially list conditions, but to conditions, but to consequence of):  Due to (or as a consequence of):													
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST													
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													
EDICAL			ooning to	Gaatti Dut II	ot readiting	) in the underlying cause given in			nven in	Part I.	1 YES 2	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ														1 - YES 2 - NO
Ä	DID TOBACCO U		BUTE TO CAI					UNC	ERTAIN	1 🕅				
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO		HOSPITAL:		PLACE OF DEAT	OTHER	₹:							
H	27. MANNER OF DEATH		28e. DATE OF	INJURY	26b. TIM	-	28c. INJ	e 5 □ Re	sidence	-	(Specify)	LILIEV OC	CHRED	
ВУР	1 Natural 5  2 Accident	Pending Investigation	(Month, Da	ny, Year)	INJ	URY M	WO	RK7 'ES 2	NO	200. 024	OTHER TOTAL	100111 00	CONED	
	0 0 0 1-14	Could not be determined	26e. PLACE Of building, a	F INJURY — A atc. (Specify)	t home, farm, a	treet, tect	ory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				loute Number,
COMPLET			AN: To the best of ex											) end menner as stated.
	29b. SIGNATURE AND TITLE					4 .			NSE NUM			_		
B	Jone 1-	- 5	New	rologu	Clinia	ial F	ellow		92	2 5 8 P = 0			(MURIT, Day, 1967)	
2	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type,	Print)				4 0	V	-36	) KW	DAL 17 T.142
	Jose Suar	-ez	GOO I	N W	clfe	str	ee	+ B	alt	ime	re, r	lary	lan	121287
	SEP2 01	995 3	www.	ar law	14									

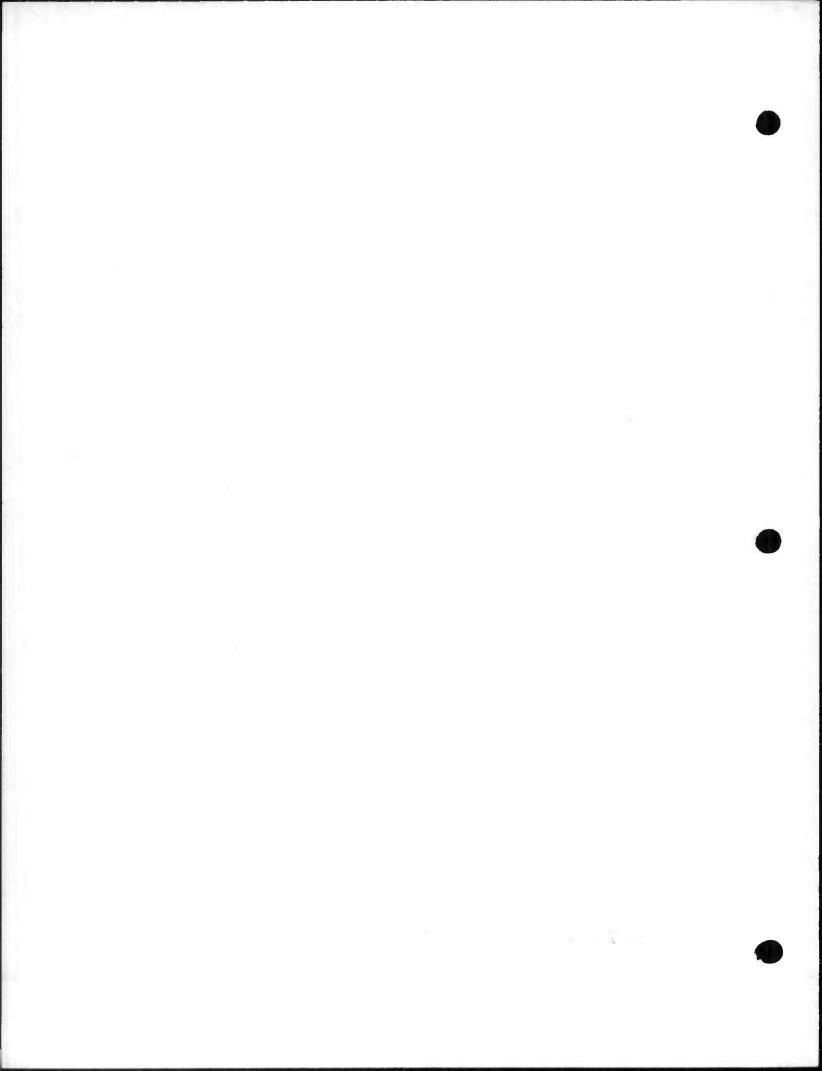


DIVISION OF VITAL RECORDS. P.O. BOX 68760

CALL MAN LAND 21213-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	se medical examiner must be notified at once.
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEOENT'S NAME (First, Middle, La.	ut)			-	-	DEA		2. DATE OF CEATH			3. TIME OF OEATH
	FLOREI	VCF	M			A	$\forall$		SHONTH ZIMP	5rg	1990	1629 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	CI H		PLACE (State or Foreign
- 5	230-40-3467	1 🗆 M 2 💢 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 5/23/08		Country)	
- 9	Se. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COL	M1SS	ouri
NO.	Shady Grove Adv	entist Hos	nital							Montgomery Co.		
5	Shady Grove Advenues of Decement		preur		Rockville				PIOIT	rgome.	Ly Co.	
DIRECTOR		ntgomery		Ga:	ithersburg					10d, INSIDE CITY LIMITS? 1  YES 2 X NO		
₹.	10e. STREET AND NUMBER				10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY		
Ä	19844 Cochrane				20895					U.	S.A.	
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEOEN	T EVER IN U.S. /	ARMED					C ORIGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, etc.
BY FUNERAL	3 Widowed 4 Divorced	IF YES, OIVE Y			If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1 YES 2 NO Specify:						Specify	
COMPLETED	15. DECEDENT'S E (Specify only highest gro	DUCATION ide completed)	16a, (	Give kind of the Do NOT u	USUAL O	CCUPATIO	ON st of working	10	16b. KIND OF BU	SINESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)									
M	1.2 17. FATHER'S NAME (First, Middle, Last)	2	Te	eacher	- н	omen			Educati	_	<u></u>	
	Henry Shaw								AE (First, Middle, Maiden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)								tte Weed			
2	Carl E. Day								oute Number, City or Tow			
			205 81 40	EANDDATE				Ken	sington, N			
	20s. METHOO OF DISPOSITION 1A Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	cametery, c	rematory or o	ther place!		me or		1	CATION — City or Town, State		
3	21. SIGNATURE OF FUNERAL SERVICE	voou c	Cemetery 9/14/95 Falls 22. NAME AND ADDRESS OF FACILITY Murphy Funera						s Chi	irch, VA		
3	· Joen H/ harlton					102	W. B	road	St., Fall	s Ch	urch,	VA 22046
	23. PART I. Enter the disesses, of shock, or heart fallur	r complications the	t caused the	deeth. Do	not enter	the mo	de of dyl	ng, such	se cerdisc or respi	ratory sr	rest,	Approximets
	IMMEDIATE CAUSE (Final	e. Chi Only one cer	ase on each life	ne.				1				Interval Batween Onset and Death
	disease or condition resulting in death)	. Ve	ntu	cul	ac i	an	wil	m	w			Min
	OUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions, a My o Cardial Information line.									Muss .		
Ĕ	if any, leading to immediate  DUE TO (ON AS A CONSEQUENCE OF):											
CERTIFICATION	Cause, Enter UNDERLYING CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									yr.		
E	that initiated events resulting in death) LAST	502 10	(On AS A CONS	EOUENCE O	7):							0
CE		d										
AL	PART II. Other significent conditi	ons contributing to	deeth but not	resulting	in the un	derlying	ceuse g	lven in P	Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS
EDICAL								_	1 TYES 2			AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME							,					YES 2 NO
	DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DE	ATH YE	S 🗆 I	10 E	UNC	ERTAIN				
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1100001711	26. PL/	ACE OF DEA								
YS!	1 TYES 2 TO NO	HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHER 4 Nun		• 5 □ Re	aldence 6	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJ			28d. DESCRIBE HOW II	JURY OC	CURED	
B⊀	1 Natural 8 Pending 2 Accident Investigation				M		'ES 2 [	NO				
8	3 Suicide 6 Could not b	28a. PLACE O building,	F INJURY — At It atc. (Specify)	home, farm,	street, fact	ory, office			261. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Ro	ute Number,
립									o the cause(a) and man			
COMPLET	one) 2 MEDICAL EXAMI	NER: On the beels of a	xamination and/o	r investigatio	n, in my o	pinion, d	eath occur	ed at the ti	ime, data and place, an	d dua to ti	he cause(a)	and manner as stated,
шШ	2. SIGNATURE AND TITLE OF CERTIF	IER /	A				29c. LICE	NSE NUME	BER	29d. DAT	E SIONED (	Month, Day, Year)
10 B	Junes 19	Hera	s M	/			DZ	464	43	Se	otemb	49,1995
	30. NAME AND ADDRESS OF PERSON V	PGAINE	SE OF DEATH (IT	EM 27) (Type,	Print)	6	)	ha	200 N	, 8	9	20850
	31. DATE FILED (Month, Day, Year)	REGISTRA	R'S SIGNATURE	CVC	011			CVE	ne , m	angre .		
	<b>SEP 2</b> 0 1995	Jelin de	volumben	leth								



3. TIME OF DEATH

a. BIRTHPLACE (State or Foreign

DRAYDEN, MD

9c. COUNTY OF DEATH

UNITED

E. NORTH

10g, CITIZEN OF WHAT COUNTRY?

2:36A

10d. INSIDE CITY
V LIMITS?
1 YES 2 NO

STATES

**AVENUE** 

Approximata

24b. WERE AUTOPSY FINDINGS

MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 HYES 2 THO

29d. DATE SIGNED (Month, Day, Year)

7263

21215

Interval Between

Onset and Death

14. RACE — American Indian, Black, White, etc.

Specify: BLACK

**FACTORY** 

REG. NO.

1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH 9 E. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 212-10-5179 87 001.23,1907 HOURS 1 - M XX ! Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR LIBERTY MEDICAL HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND n/a BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1520 NORTH **AVENUE** 21217 be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES AND Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried BY X Widowed 4 □ Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
This kind of work done during most of working 15. DECEDENT'S EDUCATION lecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) **PRESSER** PRESSING 7.t.h 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Meiden Surname LOUIS SMITH ANATASIA SMITH BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 MICKEY RICE BOX 19548, LEXINGTON PARK, MARYLAND 21217 9 20a. METHOD OF DISPOSITION
1 X Aburiet 2 Cremation 3 Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must MT. Cremetocy or off CEMETERY (19 4 Donation 5 Other (Specify) LANSDOWNE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY hours after death. Fled in by the funeral WM. C. MARCH FH.-1101 medical 23. PART'I. Enter the diseases, or filled in by complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. 6 IMMEDIATE CAUSE (Final completely filled rial, cremation. 華 Myocand disease or condition reaulting in deeth) traumatic event, requires that the death certificate be executed with een signed by the attending physician and complet of Heath and Mental Hygiene prior to burial, cren P.O. BOX 68760 DUE TO (OR AS A CONSEDUE CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other 1 that initiated events resulting in death) LAST nemora DIVISION OF VITAL RECORDS, any injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Shows : certificate has been h the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: BW 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The Item HOSBITAL: OTHER. 1 YES 2 NO 1- Inpatient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26e. DATE OF INJURY with L marked, 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 1 Natural 1 YES 2 NO After the BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 69 3 Sulcide COMPLETED 6 Could not be determined DIRECTOR: A hours after of them 28 is 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. TO THE HOSPITAL O
TO THE FUNERAL D
Be filed within 72 ho
IMPORTANT: If Its 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) end manner se stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

30. WAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27/7/po, print).

NA 11 1 COLOR SAUTIMORE

Item#20.b. G-film 727 per F.h 9/15/95 P.C

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

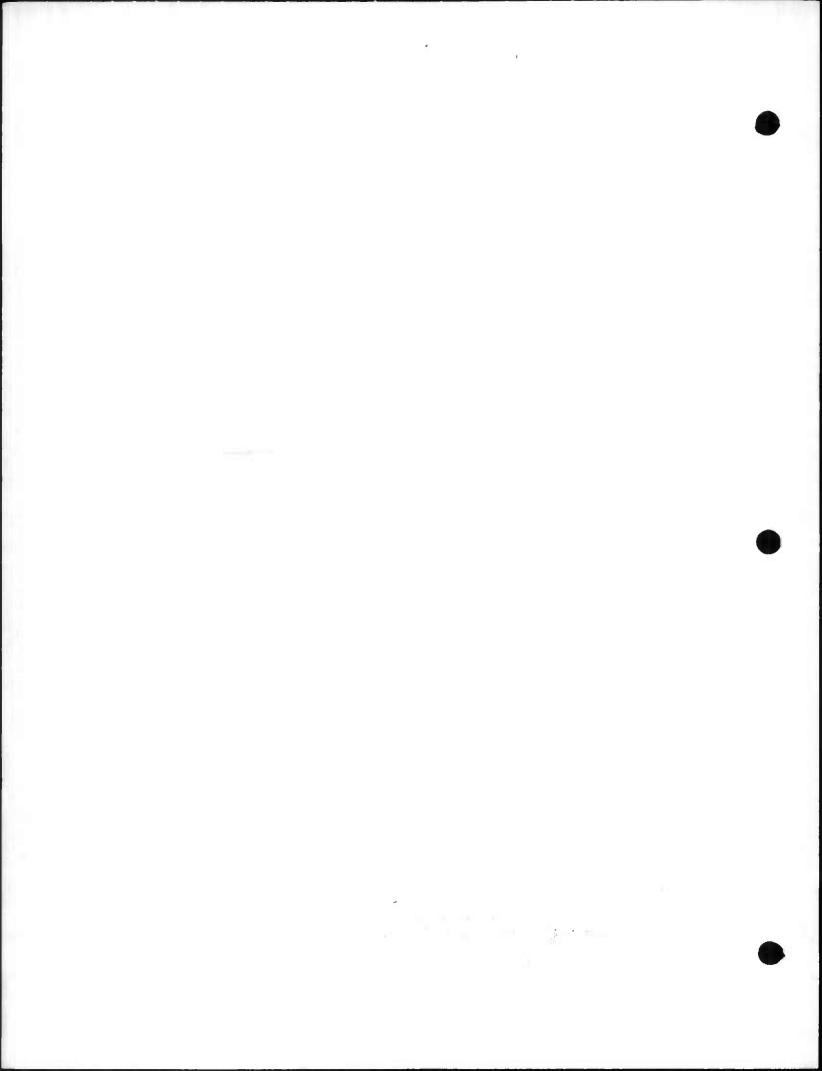
CERTIFICATE OF DEATH

FOR STATE

REGISTRAR

DHMH-16 Rev 1/89

1995



funeral director,

Pages 1, 2, 3 should

permit.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	Je J	9	e	E
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after de	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical ex
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Milliolle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Lerxander 7. DATE OF BIRTH 10:00 A " tarmor 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign SEPT 14 1 M 2 D F DAYS 1927NORTH CAROLINA HOURS 245 20 9377 68 9s. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH Oc. COUNTY OF DEATH DIRECTOR N/ALIBERTY MEDICAL CENTER BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MARYLAND N/A BALTIMORE 1 FYES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21215 2508 KEYWORTH AVENUE U.S. OF A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If was, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc.
Specify: BLACK TOTALEST 1 LETYES 2 NO H yes, specify Cuban, Mexican, Puerto Rica 2 Z YEARS OF SERVICE 1 SERVICE 1 NO Specify. 1 Never Married 2 Married
3 Wildowed 4 Divorced BY ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life, Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12TH STEEL PLANT STEEL WORKER onca. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) THOMAS FARMER ANNIE JONES notified at 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5003 LA SALLE AVENUE BALTO., MD. 21206 MRS. CYNTHIA NELSON e 20a. METHOD OF DISPOSITION

1 Burlet 2 Cremation 3 Pe 20b. PLACEAND DATE OF DISPOSITION (Nambo) 22/95 DATE 20c. LOCATION — City or Town, State must GARRISON FOREST VET. CEM. OWINGS MILLS, MD. 4 Donation 5 Other (Specify) medical examiner HAL SHRVICE LICENSEE 21. SIGNATURE OF FUR 22. NAME AND ADDRESS OF FACILITY LEWIS GWYNN LEWIS T. GWYNN FUNERAL HOME Lewis V 4517 PARK HEIGHTS AVE. BALTO., MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. Interval Betw IMMEDIATE CAUSE (Final **Onset and Death** or other traumatic event, the disease or condition rneumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF) la accident erebral Vascu CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING IN CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST item 23 shows any injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 70-10 OF DEATH? 1 YES 2 70 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 1 HO Impatient 2 - ER/Outpatient 3 - DOA Home 5 ☐ Residence 8 ☐ Other (Specify) 28 is marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY Investigation 2 Acciden 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide Hem 29a, CERTIFIER 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(s) and menner as stated. 296 BIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
Supt. 19. 1995 29c. LICENSE NUMBER BE Prínce and MO 3 7203 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print)

No. 1. 1. Carter Baltimal 21215

MO



SEP 2 0 1995

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

COMPLETED

띪

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

9

27. MANNER OF DEATH

1 Natural

2 Accident
3 Suicide

4 Nomicide

DIVISION OF VITAL RECORDS, P.O. BOX 68760

L OR ATTE DIRECTOR hours afte TO THE HOSPITAL O TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Ite

	mit.		
	NR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit.		
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AR	as be	Dept.	23
ENDING PHYSICIAN: The law requires that the obarn certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	ate h	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	le marked or them 23 shows any injury or other traumotic awant the medical averages must be aveilted at any
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95 28332 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH Bertha September 18 1995 Fraser Mary 9:00 am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 214-74-6379 1 M 2 X F 84 YRS. December 15. 1910 Maryland 9s. FACILITY NAME (If not inatitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN 5513 Hilltop Avenue Baltimore City N/A RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5513 Hilltop Avenue 21206 United States 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerio Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 🔀 Widowed 4 🗌 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 10 Own Home Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname George Robinson Lena Gerfin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Lester J. Stanley 4901 Walther Avenue Baltimore, Md. 21214 20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

1 St Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Gardens of Faith Cem. 9/21/95 Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna 22. NAME AND ADDRESS OF FACILITY mark T. Zorgin Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 21214 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE 15 Y/25 resulting in death)

DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. DIABETES MELLITUS, 4 I DERIENSION; PAILURE

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 T YES 2 FINO OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day Mar)

15

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT

М 1 YES 2 NO 26s. PLACE OF INJURY — At home, ferm, streel, factory, office building, etc. (Specify)

26d, DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the Jima, data and place, and due to the cause(e) and manner as stated.

290 LICENSE NUMBER

115022

29b. SKINGTUNE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Theodulo Paglinauan, M.D. 8552Philadelphia Road

Baltimore, Maryland

31. DATE FILED (Month, Day, Year) SEP2 0 1995

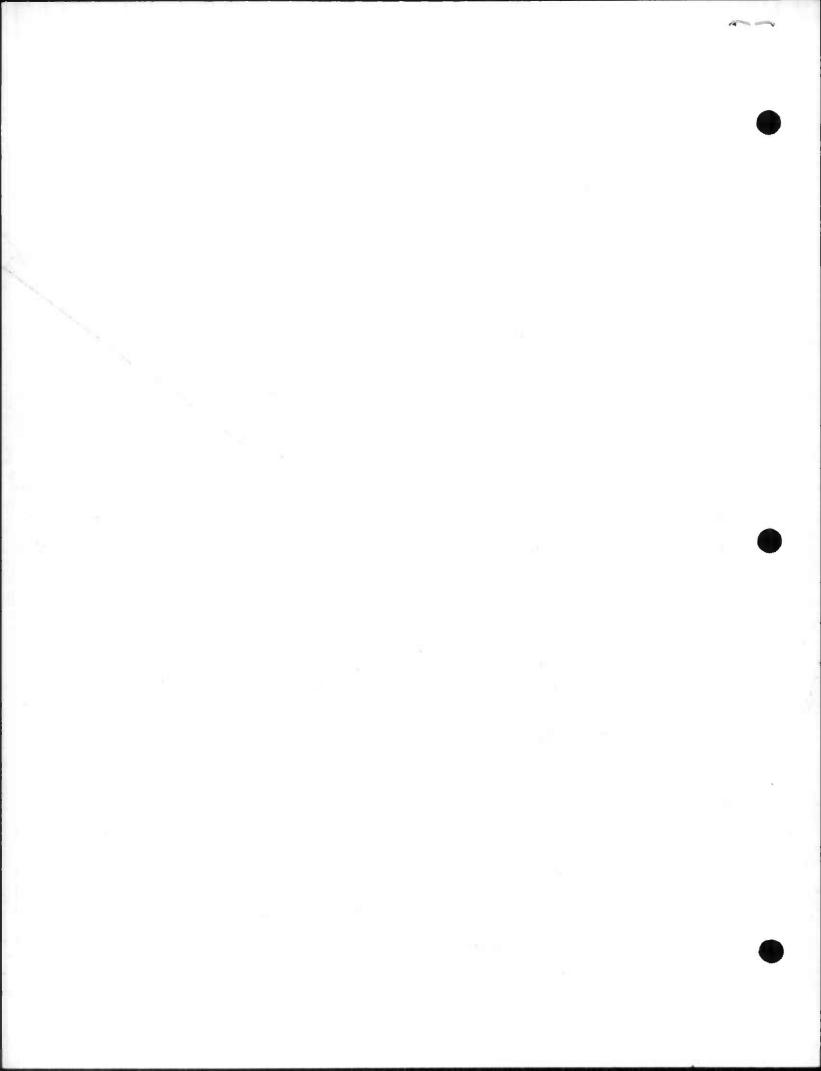
5 Pending

6 Could not be

determined

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

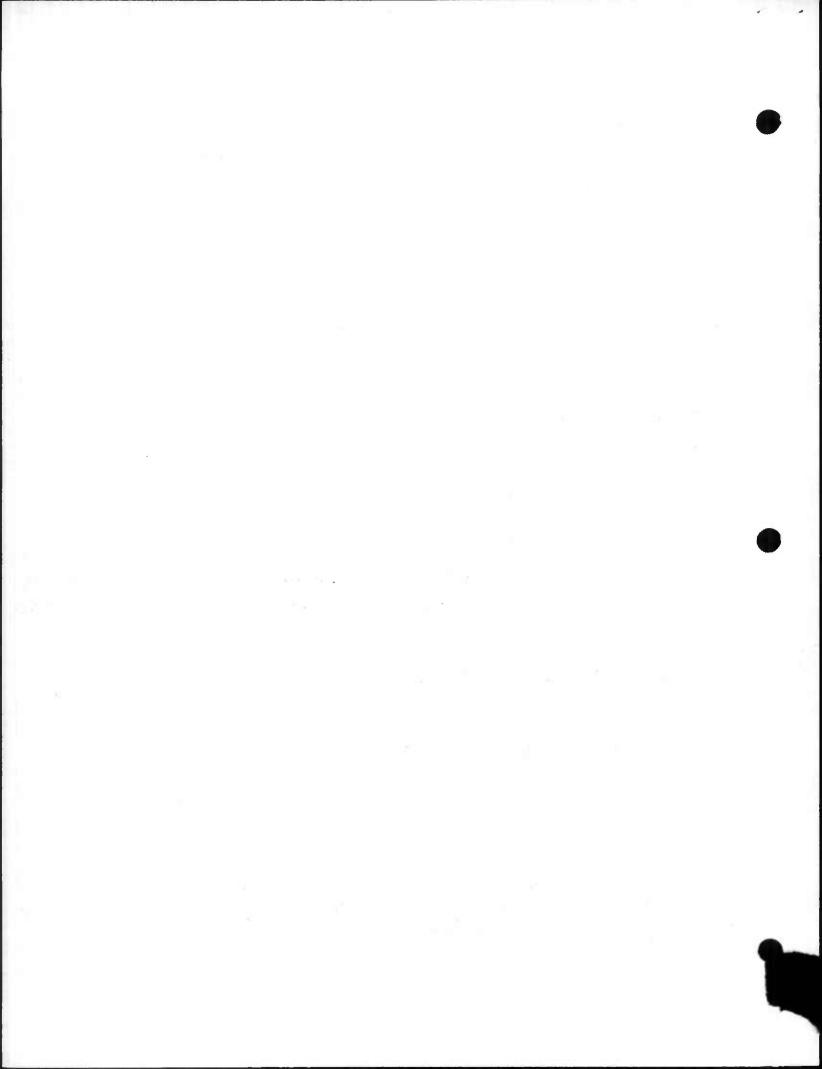
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAD

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nicalornan		CERTIF	CAIL	JE DEALU		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  Eugene Wil	liam Go	ordon			2. DATE	1	W 10	year 1020 A	
	4. SOCIAL SECURITY NUMBER 215-01-7180	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE MONTHS DA		DS 7 DATE	of BIRTH th. Day, Year) e 21,1		BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give st			9b. CITY TO	WN OR LOCATION O		e 21,1		Maryland	
DIRECTOR	Union Memorial Ho	spital		Baltimore City				9c. COUNTY OF DEATN N/A		
<u> </u>	10e. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LOCATION					10d. INSIDE CITY		
	Maryland 100. STREET AND NUMBER	N/A	Bal	Itimore City				40- 01713	LIMITS?  1 X YES 2 NO  TEN OF WHAT COUNTRY?	
NERA	5302 Carter Ave.			21214				S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	2 XNO It yes, specify Cuben, Mexican			N? (Specify Yee Ricen, atc.)	14. RACE — American Indien, Black, White, etc. Specify: White		
윤	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e, DECEDENT'S	USUAL OCCU	PATION g most of working	164	KIND OF BUS	INESS/INDU	USTRY	
COMPLETED	Elementary/Secondary (0-12) 12 yr s	College (1-4 or 8+) N/A	Manage	e retired.)	y most or working		Theate	r		
ŏ	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAME (First, Middle, Malden Surname)					
BE	James Patr 190. INFORMANT'S NAME (Type/Print)	ick Gor	don	ADDRESS (C)	Agn				hrman	
2	1996. INFORMANT'S NAME (Type/Print)  1996. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Same as #10							Code)		
	20e. METNOD OF DISPOSITION 1	ovel from State C6	b. PLACE AND DATE of metery, cremetory or of	her place)		DAT			Ity or Town, State	
	21. SIGNATURINOF FUNERAL SERVICE LIC	ENSEE	HILLTOD		CE COPD.  E AND ADDRESS O				Maryland	
	· Paul L Hair	took As			nard J.				aryland 21214 arford Rd.	
	23. PART i. Enter the disesses, or c	omplications that cause	ed the deeth, Do n	ot enter the	mode of dying,	such as car	diec or respi	ratory srre	est, Approximats	
	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	Rospino	Tone	Fail	.100				Onset and Dea	
	resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):								Iweek	
NO	Sequentially list conditions, Due to GR AS A CONSEQUENCE OF								IWEEK	
CAT	If sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury								5 Month	
CERTIFICATION	thet initiated events resulting in death) LAST									
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS									
EDICAL	congestive	Heart	failu	ve	iying causa givar	n in Part i.	24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
2	DID TORACCO LISE CONTR	DIDLITE TO CALLEE	DE DEATH VE						1 - YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTR	CIBUIE IO CAUSE (	26. PLACE OF DEAT			AIN L				
Sic	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	Home 5 🗆 Resider	nce 6 🗆 Othe	er (Specify)			
PH	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c	INJURY AT WORK?		SCRIBE NOW IN	JURY OCCU	URED	
ВУ	Nstural 5 Pending Investigation			M 1	YES 2 NO					
TED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, s icfly)	treet, tectory,	office	28t. LOC City	ATION (Street e or Town, Stete)	nd Number o	or Rural Route Number,	
COMPLETED		CIAN: To the best of my know								
00	2 MEDICAL EXAMINE		end/or investigation	n, in my opinic	n, death occured at	the time, date	end place, end	due to the	cause(e) end menner se stated.	
) BE	29b. SIGNATURE AND TITLE OF CERTURIER	other mo			29c. LICENSE	NUMBER / / &	,	29d. DATE	SIGNED (Month, Day, Year)	
2	30. HAVE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D			1 0	1	oh /			
	31. DATE FILED (Month, Day 1975	DIER MI	3 33	33/	1. CAL	vert	ST C	MALT	OMD 212/1	
	CED2 0 1995 4	illa de la la la la la la la la la la la la la	PER COL							



	cian.	-transit permit. Pages 1, 2, 3 should		
94915-00	STO No.	THE PERSON NAMED IN	)	R
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 44215-0020	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 that he recalled to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, sace is anound be every signed as a surial-transit permit. Pages 1, 2, 3 should	he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MDORTANT If then 28 is marked or item 23 shows any injury or other traumatic event the medical evaminar
	TO THE HO	THE FUN	be filed with	MPORTAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND A SOUTH SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
REGUEN. C. D'SOUZA, DEPT. OF MEDICINE

31. DATE FILED MORP DO 2000 1995

32. REGISTRARS SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY SIGNATURE POLICY S

TO BE COMPLETED BY FUNERAL DIRECTOR

Item1,g-727,9-20-95	perf.hdk						95	26	334	
FOR 1 - STATE REGISTRAR	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	(LAND / DEPAI CERTIF				MENTAL HYGIE				
1. DECEDENT'S NAME (First, Middle, Last)	- GrA	1501)	Gras		LAIII	2. DATE OF DEATH	DAY _ «	YEAR 3	TIME OF GEATH	
4. SOCIAL SECURITY NUMBER 212-09-2542	5. SEX 6. AC	BE (In yrs. lest birthday) 83 YRS.	IF UNDER 1	YEAR #	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1012	8. BIRTHPL Country)	ACE (State or Foreign	
9s. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY,	TOWN OR L	OCATION OF E	March 1,		Md.		
3923 Cranston Ave			Ba	altim	ore	-12				
10e. STATE 10b. COUNT	r	10c. Cl	TY, TOWN OF	LOCATION	1			10	d. INSIDE CITY	
	N/A		Ba	altim	ore			1	LIMITS? X YES 2 NO	
10e. STREET AND NUMBER					P CODE		AT COUNTRY?			
3923 Cranston Ave	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. W		1229	NIC ORIOIN? (Specify V	-	S.A.	American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 NO	11	yes, specify	y Cuban, Mexic	an, Puerto Rican, etc.)	- OF NO.	Black, V Specify:	White	
15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. OECEDENT'S	Work done du	CUPATION uring most of	f working	16b. KIND OF BI	JSINESS/INI	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Land Ac				Baltim	ore c	`011n+		
17. FATHER'S NAME (First, Middle, Last)	JT	Land A	:quisi			AME (First, Middle, Maide		Jounty		
C. Gus			Muriel		,	Po	wers			
19a. INFORMANT'S NAME (Type/Print)						Route Number, City or To				
Mrs. Carolyn John						ltimore, M				
20e. METHOD OF DISPOSITION 1 □ Pariel 2 □ Cremation 3 □ Ram- 4 □ Donation 6 □ Other (Specify) □	oval from State	Druid Ric	of disposit	emete	ry 9	/19/95 P		city or Town		
21. BIGHATURE OF SUMETURE SERVICE LIC	200	2	F	Ruck		Funeral H d. Towson,				
23 PART I Enter the diseases, or o shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one cause or	each line.	not enter 1	he mode	of dying, su	ch as cardiac or rea	piratory an	reat,	Approximate Interval Between Onset and Death	
disease or condition resulting in death)	Multiple DUE TO (OR A Cerebro	A CONSEQUENCE OF	tus 1	ulces	7 2	sepus.			~7days	
	Cerebra	vascula	n	acer	dent					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Huber A	A CONSEQUENCE O	F):							
CAUSE (Disease or injury thei initieted events resulting in death) LAST	QUE TO (OR AS	A CONSEQUENCE O	F):	-						
PART II. Other algorificent condition Congestive her	e contributing to death	but not resulting	in the und	lerlying ca	ense given in	Part I. 24s. WAS AL PERFO	RMED?	CC OI	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
DID TOBACCO USE CONTI	PIRLITE TO CALISE	OF DEATH Y			UNCERTAI	N 🗆			V	
	TIDOTE TO CAUSE									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	26. PLACE OF DEA	OTHER:		i ☐ Residenca	6 Other (Specify)				
EXAMINER?	HOSPITAL:	utpatient 3 DOA Y 265. Til	OTHER:	ng Home 5		6 Other (Specify)  26d, DEŞCRIBE HOW	INJURY OC	CUREO		
EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  Netural 5   Pending	HOSPITAL:   Impetient 2 = ER/O   28a. DATE OF INJUR	y 26b. Till IN.	OTHER: 4   Nursir IE OF 2 JURY M	ng Home S 28c. INJURY WORK? 1 YES	AT		and Number		e Number,	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only	HOSPITAL: Inpatient 2 □ ER/O  28a. DATE OF INJUR (Month, Day, Year  28a. PLACE OF INJUR	utpatient 3 DOA Y 26b. Tilk IN. RY — At home, farm, oocify) owledge, death occurr	OTHER: 4   Nursir IE OF JURY M street, factor	ng Home Size. INJURY WORK?  1 YES  To office	AT 2 NO Place, and due	26d, DESCRIBE HOW  28f, LOCATION (Street City or Town, State	and Number	or Rural Roul		

ST. AGNES HOSPITAL.

BALTIMORE

	DIRECTOR
	RV FIINERAL
)	COMPLETED
	TO BE
	_
	NOIL
	NCIL

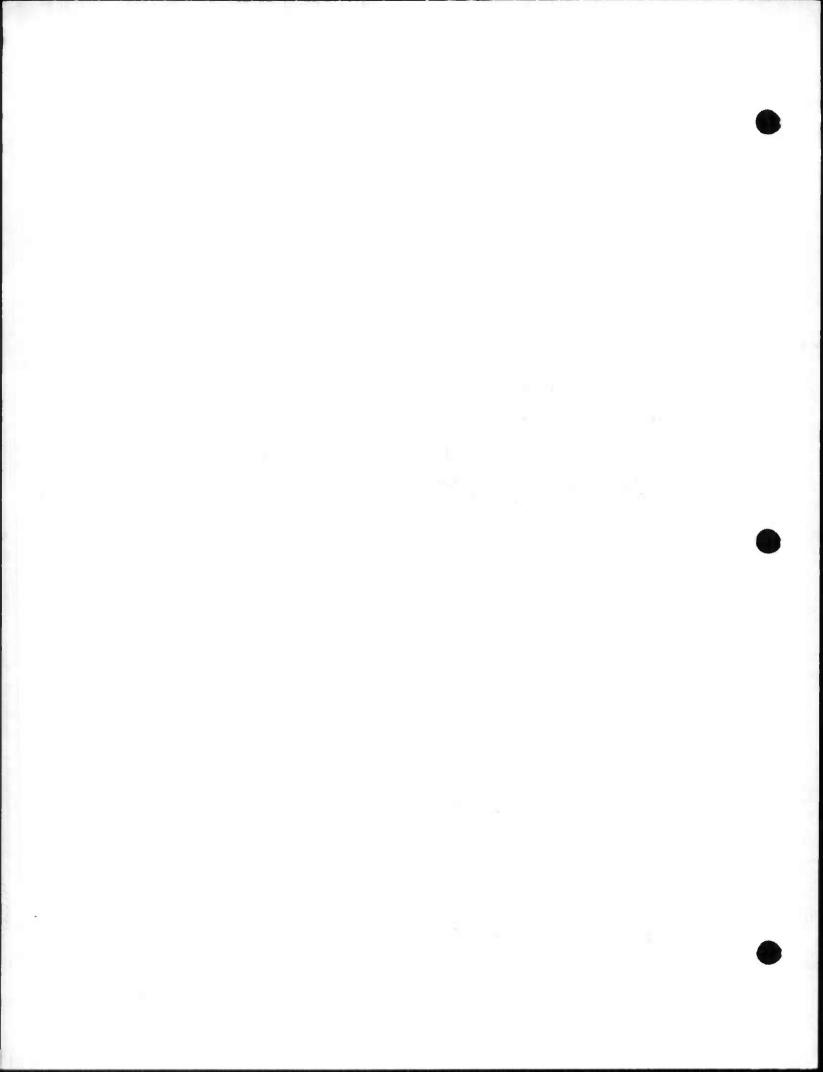
without, hours after death. Page 6 may be retained by it is more interest filled in by the funeral director, page 5 should be cremation, or removal.	TO BE COMPLETED BY	3 Widowed 4 Div  Specify on  Elementary/Secondary (  9  17. FATHER'S NAME (First, A  JOSEPH LEVI G  19e. INFORMANT'S NAME (  MARCARET E. G  20g. METHOD OF DISPOSI  1 Signature of Fuveru  21. SIGNATURE OF FUVERU  23. PART I. Entey the c  speck, or t  IMMEDIATE CAUSE (FI  disease or condition  resulting in death)
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and cor filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial. PORTANT: If I item 28 is marked, or item 28 shows any injury, or other traumatic e	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or Injuritati Initiated events resulting in death) LAS  PART II. Other algnification of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the s

	1 - FOR STATE REGISTRAR	,	STATE OF MARY	(LAND / I	DEPART	MENT OF	HEALTH AND	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First,	Middle, Last)						2. DAT	E OF DEATH	AY	меля	3. TIME OF DEATH
	John-Gilm		Loseph Gil	an					pt 13		995	1200 M
	4. SOCIAL SECURITY NUMB			E (in yrs. last i		IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DAT	E OF BIRTH			IPLACE (State or Foreign
	219-18-57 90. FACILITY NAME (If not in:	74 1	XXM 2   F	70	YRS.			Au			MARY	LAND
TOR	ST. JOSEPH'S M	EDICAL CE					OR LOCATION OF	DEATH		9c. COUN	TIM	
DIRECTOR	10a, STATE MARYLAND	BALTIMORE				TOWN OR LOC			7.			10d, INSIDE CITY LIMITS? 1 YES 2 X NO
₹AL	10a. STREET AND NUMBER				1	of. ZIP COOE			VHAT COUNTRY?			
FUNERAL	4703 MAWANI RO					21206						
BY	11. MARITAL STATUS  1 Never Married 2 X Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 X YES 2 I IF YES, GIVE WARFOR DATES					If yes,	ECENDENT OF HISP specify Cuben, Mexi S 2 XNO Spe	ican, Puerto	ilin? (Specify Ver o Ricen, atc.)	s or No—	14. RACE Black Speci	- American Indian, c, White, atc.
밀	15. DECI (Specify only	EDENT'S EDUCAT	ION apleted)	(G/ve	EDENT'S L	TION nost of working	Sb. KIND OF BU	SINESS/INDU	STRY			
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5 +)		NOT use				BALTIMOR	F GAS A	2 FI S	eribiic.
WO	17. FATHER'S NAME (First, Mi		1471	03.13	1111111	•	18. MOTHER'S I		, Middle, Maiden			Ondo
BE C	JOSEPH LEVI GI	LMAN					ANNA L.					
2	190. INFORMANT'S NAME (7) MARGARET E. GI						BALTIMORE				Code)	
	20a. METHOD OF DISPOSITION  1. A Buriel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACEAND DATE OF DISPOSITION (Name of CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS OF CAPOENS											
	21. SIGNATURE OF FUVERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  LASSAHN FUNERAL HOME, INC.  7401 BELAIR ROAD BALTIMORE, MARYLAND 2123										M20C AC0E	
	23. PART I. Enter the di	seases, or com	plications that caus	ed the deat	lh. Do no	of enter the n	ode of dying, sa	ich as ca	rdiac or reap	ratory arre	al,	Approximata
	speck, or heert fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final											Interval Between Onset and Death
	disease or condition resulting in death)  a. Respiratory insufficiency  DUE TO (OR AS A CONSEQUENCE OF):									hours		
Z	Sequentially list conditions,  Due To (or As A consequence of):											3-4 days
CERTIFICATION	it any, reading to mimediate										4 5 1	
띮	CAUSE (Disease or Injury  CAUSE (Disease or Injury  Due TO (OR AS A CONSEQUENCE OF):									4-5 days		
	resulting in death) LAST											
	PART II. Other algolifican	nt conditions c	ontributing to death	but not rea	witing in	the underly	no course obuse l	n Deet I	Tag- una au	ALITONON	Lan	
CAL			ronary ang						24a. WAS AN PERFOR	MEO?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	2) Obesity		3) Hyper1			and a	rery by	pass	1X YES 2	□ NO		OF DEATH?
2	DID TOBACCO US					ПО	UNCERTA	JN []				1 YES 2 □ NO
≸	25. WAS CASE REFERRED TO	MEDICAL				(Check only on		X		_	_	
35	1 YES 2 TENO	15	OSPITAL:	ulpatient 3		OTHER: 4 - Nursing Ho	me 5 🗋 Residence	8 🗆 Oth	er (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH		28a. DATE OF INJUR (Month, Day, Year		28b. TIME INJU		JURY AT	28d. DE	SCRIBE HOW I	NJURY OCCL	RED	
B		Pending nvestigation			7.	M 1	YES 2 NO					
COMPLETED		Could not be letermined	28e. PLACE OF INJU- building, atc. (Sp	RY — At home pecify)	e, lerm, st	reet, lectory, of	ice		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
٦ ا	29e. CERTIFIER (Check only	FYING PHYSICIAL	: To the best of my kno	owledge, deatl	h occurred	at the time, de	e end place, end de	ue lo the ci	suse(e) end mai	vier ee stated	J.	
8												end manner ee stated.
w II	296. SHENATURE AND TITLE	OF CERTIFIER	See			29c. LICENSE N	UMBER		29d. DATE	SIGNED	(Month, Day, Year)	
0 0	1		7	W S			D13140		7	Ser	t.1	4, 1995
=	Reynal do 0	rivela-	OMPLETED CAUSE OF C	EATH (ITEM :	27) (Type, 1	Print)						
			32() FISTRATE SU	7	20 Y	ork Roc	d. Towns	n M	D 2120	4		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hithman flower after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the buriathraneit narmeit pages 1 o 2 about
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	Mary Winifred	Gillespie					7, 199					
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.8	IRTHPLACE (State or Foreign				
	085 01 8764 9s. FACILITY NAME (If not institution, give st	1 M 2 XF 93	YRS.	ATHS DAYS	HOURS MIN.	Dec. 27	, 1901					
DIRECTOR	Golden Age Guest Home Sykesville Carrol											
JEC	10a. STATE 10b. COUNTY		18c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY				
Ö	Md. Carr	:011	Sy	kesvi1	.1e			LIMITS?				
AL	10e. STREET AND NUMBER			10f.	ZIP CODE		OF WHAT COUNTRY?					
FUNERAL	6504 Donnegal	Way		2	1784		U.S	. A .				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENGENT OF HISPAI	NIC ORIGIN? (Specify Ye	a or No- 14. F	RACE — American Indian,				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	Z K NO		ZXXNO Specific	in, Puerto Rican, atc.)	Puerto Rican, stc.) Black, Whita, e					
							W	hite				
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	:ATION completed)	(Give kind of work life. Do NOT use re	UAL OCCUPATION done during mos	N st of working	18b. KIND OF BU	SINESS/INDUSTR	RY .				
٦	Elementary/Secondary (0-12)	College (1-4 or 8+)		-11/1			**					
ž l	17. FATHER'S NAME (First, Middle, Last)		Homemal	ker			Home					
S	Patrick Halli	a a n				ME (First, Middle, Meider	,					
B	19a, INFORMANT'S NAME (Type/Print)	.gan	For more to			abeth Co	0					
2	Patricia Joan	Dowd				Route Number, City or Tov						
	20e. METHOD OF DISPOSITION							d. 21784				
	1 🕮 Burial 2 🗆 Cremation 3 🗆 Remo	oval from State com	ptery, crematory or other t Raymo	nlecel		1	CATION — City of					
	21. SIGNATURE OF FUNERAL SERVICE LICE		re. Raylin		D ADDRESS OF FA	9/20/95	bronx	, N.Y.				
	M/2 (11)	41.11	_			Haight F						
	HUMAY TV.	HOUMIT		P.O.	Box 19	5 Sykesv	ille,	Md. 21784				
	23. PART i. Enter the diseases, or cahock, or heart failure. L	omplications that ceused List only one sause on ea	the death. Do not sch line.	enter the mod	de of dying, auc	h as cardiac or rasp	iratory arrest,	Approximata Interval Between				
	disease or condition											
	onset and Daeth  Classes or condition resulting in death)  a. Puller Discuss Securities  Due to (or as a gonseourice of):  Sequentially, life conditions  b. Scalence Heart Discusse											
NO	Sequentially has conditional,											
Ě	DUE TO (OR AS A CONSEQUÊNCE OF):  (if any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST		oriological or j.									
CE												
A	PART II. Other aignificant conditions		ut not resulting in t	he underlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS				
	66	Ellcone				1 _ YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE				
W							73	OF DEATH?				
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	F DEATH YES		UNCERTAIN	1 🗆						
ĕ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (									
ž I	1   YES 2   AO	HOSPITAL: 1   Inpatient 2   ER/Outpe	itient 3 🗆 DOA   4	THEA: Nursing Home	5 Residence	8 Other (Specify)						
E	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		PRY AT	28d. DESCRIBE HOW	NJURY OCCURED					
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO							
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Specif	At home, lerm, stree	l, lactory, offica		26I. LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,				
	4 Homicide determined					0.17 0. 10777, 0.010)						
ᆲ	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred a	the time, data :	and place, and due	to the cause(s) and ma	voer an stated.					
COMPLETED	One) 2 MEDICAL EXAMINER	3: On the basis of exemination	end/or investigation, in	n my opinion, de	ath occured at the	time, data and place, ar	d due to the cau	se(a) end manner as steted,				
шШ	29c. LICENSE NUMBER 29d. DATE SIGNED Mon											
<b>∞</b> ∥	Patrick Ture	weden			12080	6	185					
2	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEA	TH (ITEM 27) Type, Prir	"	1-1	2 /	18.01	, ,				
	MATRICK WENG	5 142.	5 Libert	y Res	Eld	Erspir. 0	40 21	754				
	31. DATSEP 2"0"1995	82. PERISTRAR'S STA	TUNE			1	2 0					
1	OE: # 0 1000											



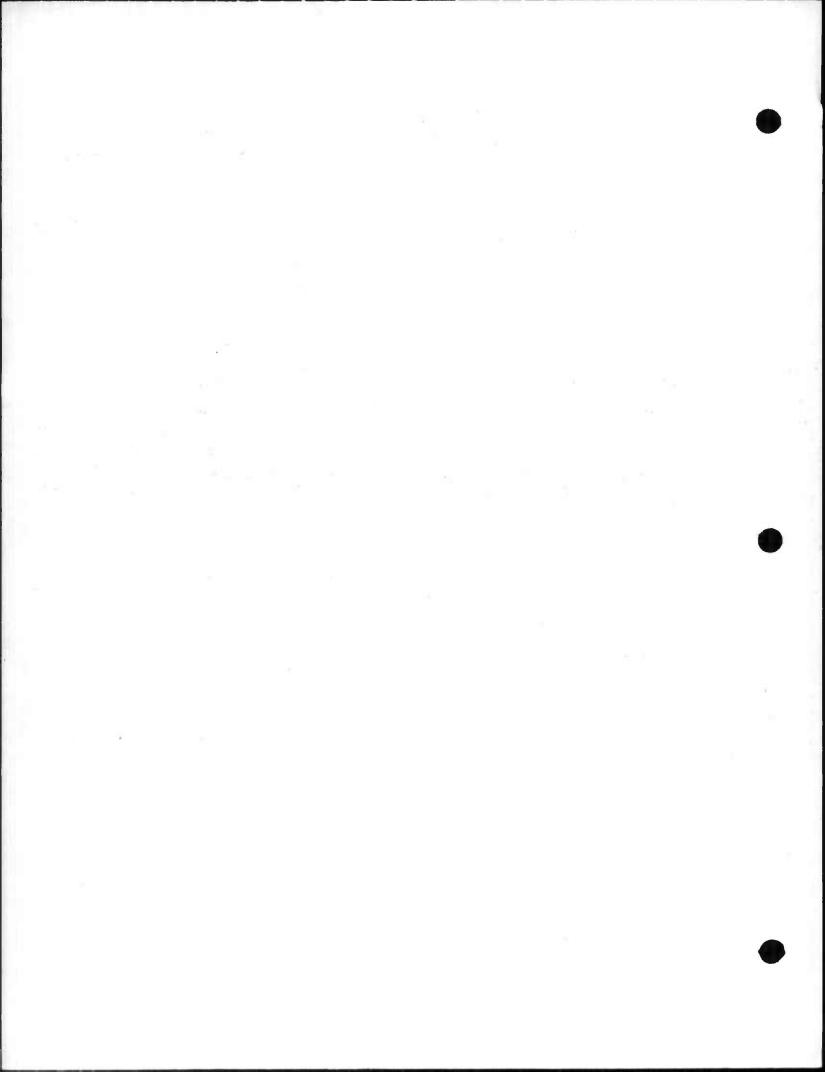
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

		1. DECEDENT'S NAME (First, Middle SANDR		d = i	LE	. 12	IOAII	- 01	DEA		2. DATE OF DEATH		YEAR 3.	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER									GEPTER	BER IL	1995	2 Am M	
		214-48-0919	5. SEX		(In yrs. last	birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea APRIL 1,	1047	8. BIRTHPLA Country)	ACE (State or Foreign RGINIA	
should		9a. FACILITY NAME (If not institution	200.2	4	.0	Tha.	AL OIT	770101	22 1 2247	AN 05 05					
3 Sh	Œ	North Aru		1					Burn		EATH		JNTY OF DEAT		
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Pages	12		COUNTY			19c. CITY, TOWN OR LOCATION							10	d. INSIDE CITY LIMITS?	
ii. P	0		NNE ARUNDEI	1			LINT	HIC	JM				1	☐ YES 2 THO	
t permit.	RAL	10e. STREET AND NUMBER	DOZD					10	H. ZIP CODI	-			TIZEN OF WHA		
ian. transi	FUNER	404 WEST MAPLE							2109				TED ST		
5-0020 inding physician. as the bunal-transit	ED BY	1 Never Married 2 Marrie  MX Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 AN	IRMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yer If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:							Black, White, etc. Specify:		
Z 15 attend use as			r'S EDUCATION st grade completed)			EDENT'S					16b, KIND OF	BUSINESS/IN	DUSTRY	WHITE	
Z a Z	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. i	Give kind of work done during most of working fe. Do NOT use retired.)  MEMAKER						OME			
8 2 E	BE CON	17. FATHER'S NAME (First, Middle, L JOVAN M. OBRAL	,							ME (First, Middle, Man A HOFFMAN	,				
e 5 should	10 8	19a. INFORMANT'S NAME (Type/Pri ALVINA FLASHEI	•							Poute Number, City or GLEN BURN			1		
. Page 6 may be rai director, page		#5a, METHOD OF DISPOSITION  1 M Burtial 2 Cremetton 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Date of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery Cremetons of Campilery													
AL IIN death. Pag funeral di L examiner		21. SIGNATURE OF FUNERAL SERVICE DICENSEE  22. NAME AND ADDRESS OF FACILITY KIRKLEY-RUDDICK FUNERAL HOME													
		KIRKLEY-RUDDICK FUNERAL HOME 421 CRAIN HWY. S.E. GLEN BURNIE, MD 21061 22. PART I. Enter the diseases, or complications that clused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate													
confidence be executed within 24 rights of property fills thygiene prior to build, cremation, in other traumatic event, the	RTIFICATION	IMMEDIATE CAUSE (Finel disease or condition reculting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A	ech line.	UENCE OF	7: 0 m !				me To.			Approximate Interval Between Onset and Death	
deat deat att att att att att att att att att	CE	DART II OU II III	0.											-	
signed by Health and Iws any Ir	MEDICAL	PART II. Other algorificent con	nditione contributing to	deeth b	out not re	eulting i	n the ur	nderlyin	g ceuse g	lven in	PER	AN AUTOPSY FORMED?	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
law requast been Dept. of 23 sho		DID TOBACCO USE C	ONTRIBUTE TO CA	AUSE O	F DEAT	H YE	s 🗆	NO D	UNC	ERTAIN	10				
# # # E	SICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		26. PLACE	OF DEAT	H (Check								
ICIAN: ertific the Si	<b>&gt;</b>	1 - YES 2 NO	1 inpatient 2		patient 3 [		4 🗌 Nur		ne 5 🗆 Re	sidence	6 Other (Specify)				
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OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	TED	3 Suicide 8 Could 4 Homicide determ		OF INJURY , atc. (Spec	— At hom	ne, farm, s	treet, fac	lory, offic	ie .		28f. LOCATION (Str. City or Town, St	net end Numbe ete)	or Rural Route	Number,	
	PLE	29a. CERTIFIER CERTIFYING	PHYSICIAN: To the best of	f my know	ledge, dest	th occurre	d at the t	ime, date	end place,	end dus	to the cause(a) and	manner as ats	nted,		
HOSPITAL FUNERAL Within 72 TANT: II	MO	One) 2 MEDICAL E	XAMINER: On the basis of	examination	n and/or in	vestigatio	n, In my c	pinion, o	death occur	ed at the	time, data and place	and due to t	he cause(a) an	d manner as stated,	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	) BE C	296. SIGNATURE AND TITLE OF CE	Forb	rete	1	an	0.		29c. LICE	NSE NUM	938	29d. DA	TE SIGNED (Mc	vith, Day, Year)	
2	T0	Mayer- Go	ON WHO COMPLETED CALL	D.	TH (ITEM	27) (Type,	Print) A	-aa	hou	.7	Rd. O	1200	Burni	e, MO 21064	
0		31. DATE SEP2 U 189	5 P. RECONTR	AN'S SIGN	Mardal	i,									



1. DECEDENT'S NAME (First, Middle, Last)

JOSEPHINE MARIA HOLMES SEPTEMBER 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
July 21, IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗌 M 2 📑 E DAYS HOURS MIN. YRS. 218-14-0981 71 1924 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Carney Md. Baltimore Baltimore permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transft 2814 Placid Ave. 21234 physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced R COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION Ď 18b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Property Manager Kenilworth Equities 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) BALTIMORE, MARYLA Alfonzo leath. Page 6 may be retained by funeral director, page 5 should be Alcarese Daniella BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles K. Holmes 2814 Placid Ave. Baltimore, Md. 21234 hours after death. Page 6 may be Pe 20a. METNOD OF DISPOSITION
1 (X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 4 Donation 5 Other (Specify) Dulaney Valley Mem. Gdns.9/20/95 Timonium, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 21 PART I Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory street, filled in by the flon, or removal. 1050 York Rd. Towson, Md. 21204 medical shock, or haert fallure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Final** cremation, the disease or condition . Ischemic Necrotic Colon and Small bowel and completely fi o burial, crematio event, 1 resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): Scosis traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to e attending physician a ental Hygiene prior to if any, iseding to immediate cause. Enter UNDERLYING Acute renal failure other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Leaking Thoracocabdominal aneurys in the atten PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY and and Vascular disease COPD, Hypertension any Signed Health a 1 YES TO NO shows a (Chânic obstructive pulmonery disease) DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 💆 NO 🗌 UNCERTAIN 🗆 has be. Dept. 1 PHYSICIAN: ME 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate h HOSPITAL: EXAMINER? OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: the 27. MANNER OF GEATN 28s. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? this c marked, 28d. DESCRIBE NOW INJURY OCCURED Natural 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY Investigation 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, lectory, office building, atc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29e. CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the ation and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIMATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MD 09/17/95 E8428 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) G.M. AHIZENDT DEPT OF SURCERTY JHW 600 N WOLFEST, BALTO MD 21205 OM 32. REGISTRATE SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1995

U.S.A.

Ormano

3. TIME OF DEATH

:20

10d, INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

White

Approximate

7 days

32475

7days

24b. WERE AUTOPSY FINDINGS

1 TES 2 NO

AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

Intervei Between

**Onset and Death** 

1 YES 2 XNO

8. BIRTHPLACE (State or Foreign Country)

Md.

PM

REG. NO.

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

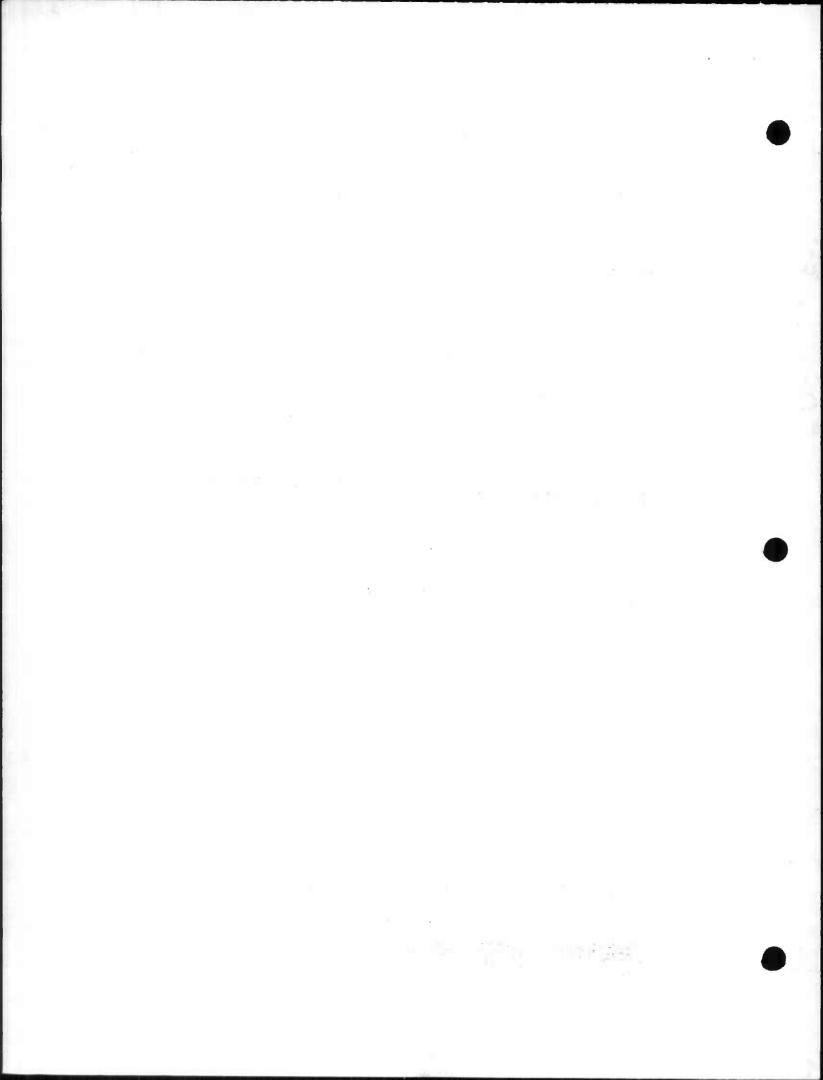
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE BEGISTRAR 1 -

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAN						_ 01	DEA	-		HEG. NO.		_	
1	1. DECEDENT'S NAME (First		AT NI A II	T.D.						2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH  9:00 A M
- 1	4. SOCIAL SECURITY NUMBER		5. SEX	JR. 6. AGE (In yrs. In	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF		- 1	9 9 5	PLACE (State or Foreign
	215-03-3688		1XX M 2 □ F	83	YRS.	MONTHS	DAYS	HOURS	MIN.		Y 28,1		BALT	MORE CO., MD.
.	7944 Naas		treet and number)			96. CITY, TOWN OR LOCATION OF DEATH  Salisbury  Wicomic								
DIRECTOR	RESIDENCE OF DE					38	a 1 1	sbur	у				WICC	omico
¥ [	10a. STATE		100	ry, town		ATION						10d. INSIDE CITY LIMITS?		
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FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE								VHAT COUNTRY?
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BY FU	11. MARITAL STATUS  1 Never Married 2 2  3 Wildowed 4 Diw	X YES 2 MAR OR DATES	N U.S. ARMED  2 NO  13. WAS DECEMBENT OF HISPA  If yes, specify Cuben, Maxic  1 YES 2 X NO Specify					in, Puerto Ric		or No-		E — American Indian, k, White, atc.		
		CEDENT'S EDU	CATION	16a. D	ECEDENT'S					16b. K	IND OF BUS	INESS/INC	USTRY	11000
COMPLEIED	(Specify on Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5	- H	Give kind of le. Do NOT u	work done ise retired.)	during n	nost of working	19					
	9	SER	VICE S	TATIO	N			SEL	F EMPL	OYED				
	17. FATHER'S NAME (First, A		R.					18. MOT		ME (First, Mid	idle, Meiden	Surname)		
10 BE	19b. IMFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	GEORGE HEMINAU, III  20a, METHOD OF DISPOSITION  20b, PLACE AND DATE OF DISPOSITION   DATE    1 X Burlal 2 Cremation 3 Removal from State    4 Departing 5 Other (Specify)  APPLANCE AND DATE OF DISPOSITION   DATE    5 PLACE AND DATE OF DISPOSITION   DATE    6 PLACE AND DATE OF DISPOSITION   DATE    6 PLACE AND DATE OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF TAIL OF													
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	21, SIGNATURE OF FUNERA	O) 7	ROSSON	$\cap$		L	ASSA	HN FUN	ERAL	HOME, 1		MARYLA	ND 21	236-4625
	shock, or heart failure. List only one cause on each line.  Interval Batt Onset and I										Approximats Interval Batween Onset and Death MINS			
Z	Sequentially list conditions b. Kyrostry Congutive Heart Forther											MTHS.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
EDICAL CE	PERFORMED? AMA										WERE AUTOPSY FINDINGS     AMAILABLE PRIOR TO     COMPLETION OF CAUSE     OF DEATH?			
Σ	DID TODACCO I	ICE CONT	DIDLITE TO C	ALICE OF DE	ATLI V	EC 🗆	NO.		CDTAI					1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN X													
2	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		ome 5 TLB	esidence	6 Other	(Specify)			
	27, MANNER OF DEATH	Pending	28a. DATE O		28b. Til		28c. I	NJURY AT WORK?		Y	RIBE HOW I	NJURY OC	CUREO	
ED BY	2 Accident 3 Suicide 8 4 Homicide	Investigation  Could not be determined		OF INJURY — At I	home, farm,	, street, fed					TION (Street : Town, State)		r or Rurel	Route Number,
COMPLET	(Crieck Only		ICIAN: To the best of											a) end manner se stated.
	29b. SIGNATURE AND TIPL				29c. LJC	ENSE NU	MBER		29d, DAT	E SIGNEI	O (Month, Day, Year)			
IO BE	La	m M					068				9-15			
	DONALD (	4 . 4	006 PC	Box 49	2	on Pripri)	LRV	, po	21	803.				
1	31, DATE FILED (Month, Day		32 REGISTE	AR'S SIGNATURE				ı						=



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be Pages 1, 2, 3 should

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3 RECOSTRAR'S GNATURE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed writim 24 hour	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in he find within 72 hours after death with the State Death of Health and Mental Hydlene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me
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DIVISION OF VITAL RECORDS, P.O. BOA 86/6	pa	E CO	2
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH September 18, 1995 7:31 A. M Elsie Anna Hudak 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 X F 216-20-1708 87 Maryland Aug. 28,1908 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City N/A RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNT 10d. INSIDE CITY Maryland Baltimore County Baltimore 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 10o. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 2909 Cub Hill Road 21234 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Married BY White 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 186 KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) П Elementary/Secondary (0-12) College (1-4 or 5 +) Teacher COMPL Baltimore City 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Unknown Hudak Elizabeth Unknown Priscak 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Elsie Williams 823 Branford Circle, Lutherville, Maryland 21093 20a. METHOD OF DISPOSITION
1 [XBurlal 2 ] Cremation 3 ] Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Oak Lawn Cenetery 9/21/95 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enter the diseases, or complications that or that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one interval Batween **Onset and Death** IMMEDIATE CAUSE (Final disease or condition_ Censonscular accident resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: NA 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 NO ☐ Inpetiant 2 HER/Outpetiant 3 ☐ DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME DF INJURY 28c. INJURY AT WORK? 28d, DEŞCRIBE HOW INJURY OCCURED marked, 1 Natural th, Day, 5 Pending NA 1 YES 2 NO BY NA 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 28 NA 29a. CERTIFIER
(Check only one)

29a. MENICAL EXAMINED. On the best of my knowledge, daeth occurred at the time, data and piece, and due to the cause(s) and manner as etsted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 29h SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) A. Lopez D14811 MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A. Lopez, M.D. 8415 Bellona Lane Suite 109, Towson, MD. 21204

TO THE HOSPITAL DR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

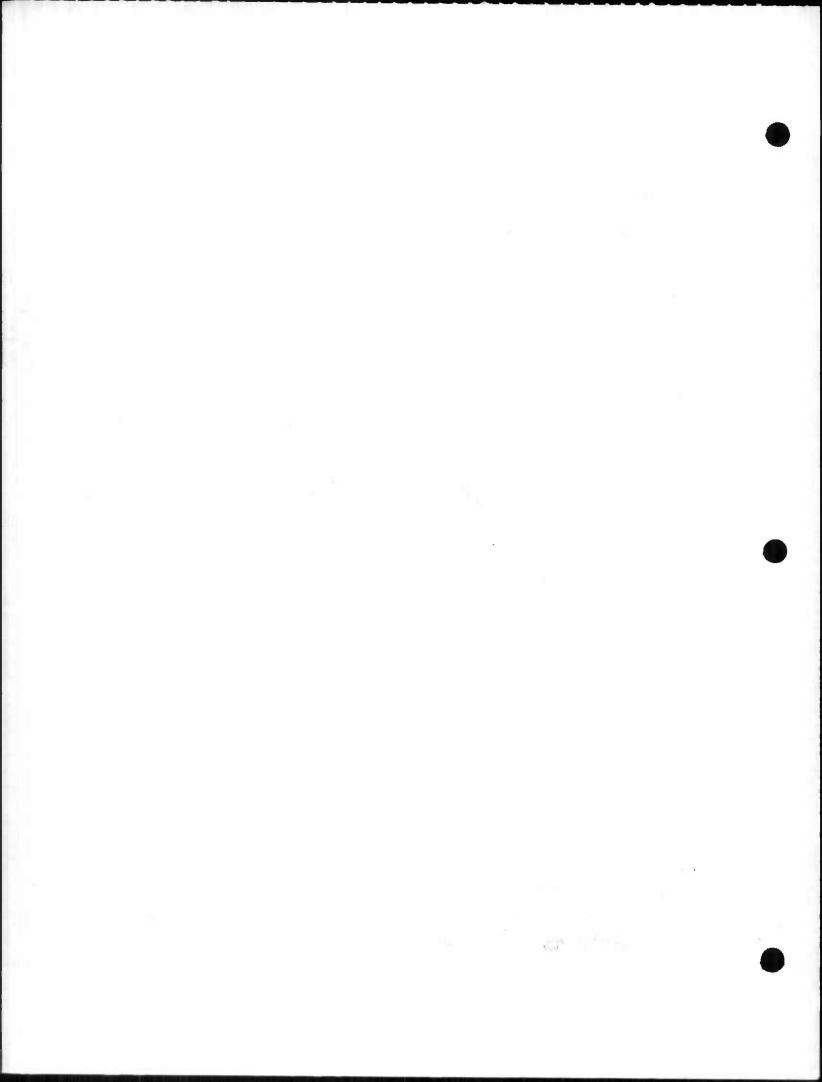
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			OLITTI	IOAII				-	icu. No.				
ě ·	t. DECEDENT'S NAME (First, Middle, Last)	R.		TAGER						2. DATE OF DEATH MONTH DAY YEAR SECT   8   995   11:10   10:10				
	4. SOCIAL SECURITY NUMBER	AGE (In un	. last birthday)	IE I IMPE	R 1 YEAR	IF UNDER	24 1005	7. DATE OF	BIRTH			ACE (State or Foreign		
i	212-10-4286	5. SEX t M 2 TF	90	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di	my, Year)		Country) MARYI		
ì	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATE	ON OF DE	ATH		9c. COUN	TY OF DEAT	N	
OR	ST. AGNES HOSPITA		BAI	TIM	ORE C	ITY			BAL	rimori	ECITY			
2	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	100 017	TY, TOWN	OBLOC	ATION				10d. INSIDE CITY					
DIRECTOR	MARYLAND ANNE		OKLY								LIMITS?			
AL	10e. STREET AND NUMBER				1	ot. ZIP COD	E			10g. CITI2	EN OF WHA	T COUNTRY?		
FUNERAL	1 SIXTH AVE.				212	25			UNI	TED S	TATES			
5	11. MARITAL STATUS	ARMED	13.				IIC ORIGIN? (S		or No-	t4. RACE -	American Indian, hite, atc.			
ВУ Б	t Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA				t 🗀 YE	S 2 X NO	Specify	n, Puerto Rica /:	m, mc.,		Specify:	WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		184	DECEDENT'S	S USUAL (	OCCUPAT	TION nost of working	10	16b. Kil	ND OF BUS	HNESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT L	ise retired.)	)							3.54	
MP	5			HOMEMA	AKER				10	WN HO	ME			
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Midd		Surname)			
BE (	LOUIS JAGER								E KEL					
2	19a. INFORMANT'S NAME (Type/Print)								Poute Number,					
	REGINA RAWLINGS		1				·		N PK.	-				
	METHOD OF DISPOSITION  La Buriel 2 Cremation 3 Rem  4 Donation 5 Other (2007)	ovel from State	cemeter	y, crematory or CROS	other place	ıJ .			2daje			N PARI	State  K, MARYLANI	
	21. SIGNATURE OF FURERAL SERVICE LIC	System *		22. NAME AND ADDRESS OF FACILITY KIRKLEY-RUDDICK FUNERAL HOME										
	No Fell	Lu	L									URNIE	, MD 21061	
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heert failure. List only one ceuse on each line.  Approximate interval Between													
	Onset and Death													
	disease or condition resulting in death)  PANCREATITIS										13 cuch			
	DUE TO (OR AS A CONSEQUENCE OF):													
z	Samuellally the condition on Chal. C. Thisass.													
음	If any, leading to immediate put to (or as a consequence of):													
2	CAUSE (Disease or Injury C. Hzart failure													
발	that infiliated events resulting in death) LAST													
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	PART II. Other significant condition	ns contributing to	deeth but r	not resulting	In the u	nderiyi	ng csuse	given in	Part I. 24	Ia. WAS AN			ERE AUTOPSY FINDINGS	
EDICAL									,	PERFOR	-	C	MILABLE PRIOR TO OMPLETION OF CAUSE	
									_    '				F DEATH?	
2	DID TOBACCO USE CONT	RIBUTE TO CAL	JSE OF I	DEATH Y	ES 🗇	NO I	7 UNC	ERTAI	ПП				0.10	
AN	25. WAS CASE REFERRED TO MEDICAL			PLACE OF DE										
SIC	EXAMINER?	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE 4   No		ome 6 🗆 B	esidence	6 Other (S	Snac(A)				
PHYSICIAN:	27. MANNEB-OF DEATH	28a. DATE OF I	INJURY	28b. TI	ME DF	28c. II	NJURY AT		28d. DESCF		NJURY OCC	CURED		
	1 Natural 6 Pending	(Month, Da	y, Year)	16	IJURY M		WORK? YES 2	NO						
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF		At home, term,	, street, fa	ctory, of	fica				and Number	or Rural Rou	te Number,	
COMPLETED	4 Homicide determined	bunging, e	etc. (Specify)						City or	Town, State)				
2	29a. CERTIFIER (Check only	ICIAN: To the best of (	my knowladg	p, death occur	rred at the	time, da	sta and place	e, and due	to the cause	(a) and mar	nner aa stat	ed.		
MO	one) 2 MEDICAL EXAMINE	R: On the basis of ax	amination an	d/or Investigat	ion, in my	opinion.	, death occu	red at the	time, data an	nd place, an	d due to th	e cause(s) a	nd manner as stated.	
E	29b. SIGNATURE 1 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
00	1/5/00	~	_ /	MD.							▶ S	rept	18 1995	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (Typ	oe, Print)		_		0					
	ADIC TOTO	ONCHE		7	16	Mo	ride	. C	lisi	~	Bala	Lanon	18 1795 HD 2122	
	31. DATE FILED (Month, Day, Year)	32. HANDERA		REP	,									
	SEPRU TO	Juna	india.	remodel	6									
-														



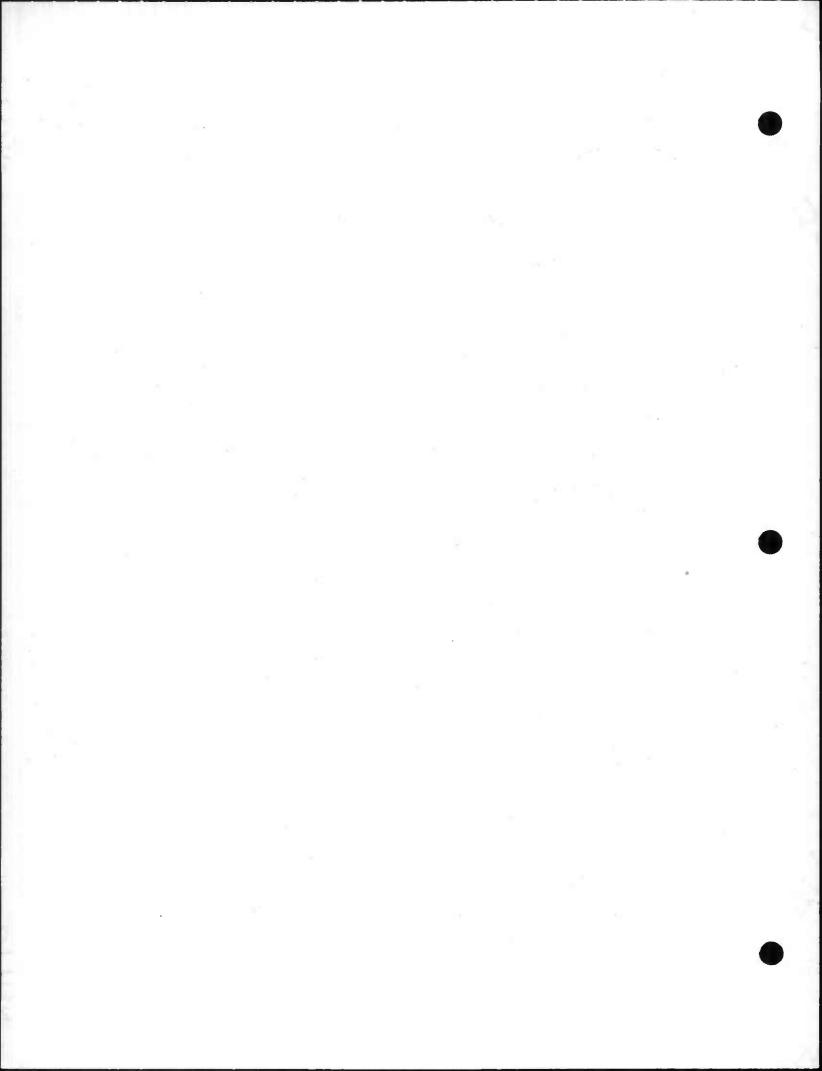
BALIIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be netified at once,
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE (			MARYLAND / DEPAR CERTIF	MENTAL HYGIENE REG. NO.		
1	. DECEDENT'S NAME (First, Mi Harru	lode Lest) Leslie	Johnson			2. DATE OF DEATH DAY
4	SOCIAL SECURITY NUMBER		8. AGE (In yes last hirthday)	IE IMPER 1 VEAR	IE IMPER NA LING	September .

	2. DATE OF DEATH MONTH DAY YEAR										TH			
	Harry Lesl	ie	Johnson						Septen	ber	17,	1995	11:19	PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF I	BIRTH W. Weet		8. BIRTH Countr	IPLACE (State or Fo	reign
	576-18-0365	1 M 2 F	70	YRS.		UNTO	HOURS	wire.	Nov.		1924		Hawaii	
œ	9a. FACILITY NAME (If not institution, give s		_		9b. CITY,	TOWN	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH	
DIRECTOR	Greater Baltimore Medical Center Towson Baltimore													
<u> </u>	10e. STATE 10b. COUNT	Y		10c. CITY,	TOWN O	R LOCAT	ION						10d. INSIDE CITY	
E	Maryland Baltimore					NI /	٨					LIMITS?		
A	10e. STREET AND NUMBER			N/A					10g. CIT	IZEN OF W	WHAT COUNTRY?	NO		
FUNERAL	7922 Subet Road				21244				U.S.A.					
5	11. MARITAL STATUS	T EVER IN U.S. ARI				NIC ORIGIN? (Specify Yee or No.— 14. RACE				— American India	ın,			
BY	1 Never Married 2 Married FORCES? 1 YES 2 3 Wildowed 4 Divorced FORCES? 1 YES 2										t, White, atc.			
												White		
	15. DECEDENT'S EDUCATION 16a. (Specify only highest grade completed)			n. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			16b. KIN	D OF BUS	SINESS/INC	DUSTRY				
	Elementary/Secondary (0-12) College (1-4 or 5+) 2 Years			Marine Engineer			Moore McCormack				т.:			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	2 rears		latille	- 1511	STIL		-		-		mack	Lines	
	Harry Lesli	ie John	son, Sr.				10.00	Harr	ME (First, Middl	e, Melden i	,	ıhu		
BE	19e. INFORMANT'S NAME (Type/Print)				DDRESS	(Street e			Poute Number, C	Why or Tour				
2	Mrs. Theresa John	nson							imore,		2124			
1	20a. METHOD OF DISPOSITION		20b. PLACE A	ND DATE OF	DISPOSI	TION /Na	me of		DATE			- City or Town, State		
	1 🔀 Buriel 2 🗆 Cremation 3 🗆 Rem- 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	Lake	view	Memo	ria	1 Par	ck	9/21				le, Maryland	
	21. SIGNATUBE; OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors 8728 Liberty Road Randallstow													
$\neg$	23. PART I. Enter the diseases, Dr o	complications the	t caused the dea	ath. Do no	t enter	the mo	de of dyl	ng such	as cardiac	or resolu	TILIST	own,	Approxima	
	snock, or neart tailure.	List Dnly Dne cau	se on each line.				,			о. тоори	albiy all		Interval Be	etween
	IMMEDIATE CAUSE (Final disease or condition	Don	127.0	9	1	\							Onset and	Death
	resulting in death)	a. YOUS TO	OF AS A CONSED	WENCE OF	m	N,								
2		. Awax	io on	Sah.	Don	Alh	1							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate													
2	CAUSE (Disease or Injury	- aller				-				_				
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OF):										
띩		d. 1770	Warkin	72										
											WERE AUTOPSY FIR			
MEDICAL									1.0	PERFOR	A		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	1 VES 2 NO								OF DEATH?					
	DID TOBACCO USE CONTI	SE CONTRIBUTE TO CAUSE OF D			DEATH YES NO UNCERTAIN			10						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLACE	OF DEATH	(Check o	nly one)								
, XS	1 TYES 2 NO	1 Inputient 2	ER/Outpatient 3		OTHER Numb		5 🗆 Ras	sidence i	B Other (Sp.	ecify)				
27. MANNER OF DEATH  10. Metural 5   Pending  2   Accident   Investigation   28s. DATE OF INJURY   28b. TIME OF INJURY   28c. INJURY AT WORK?  1   YES 2   NO   28d. DEŞCRIBE HOW INJURY OCCURED														
3 Suicide 8 Could not be 4 Nomicide determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route No. City or Town, Stete)								or Rural R	oute Number,					
릴										s) end manner as atated.				
2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and piece, end due to the									e cause(s)	end manner ee st	ated.			
29c. LICENSE NUMBER 29d. DATE SIGNED (Month,								(Month, Day, Year)						
2	10100 H C 1814 13													
	John H. Eppler 120 July Pieces Suc 507 Jacon M221204  31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE													
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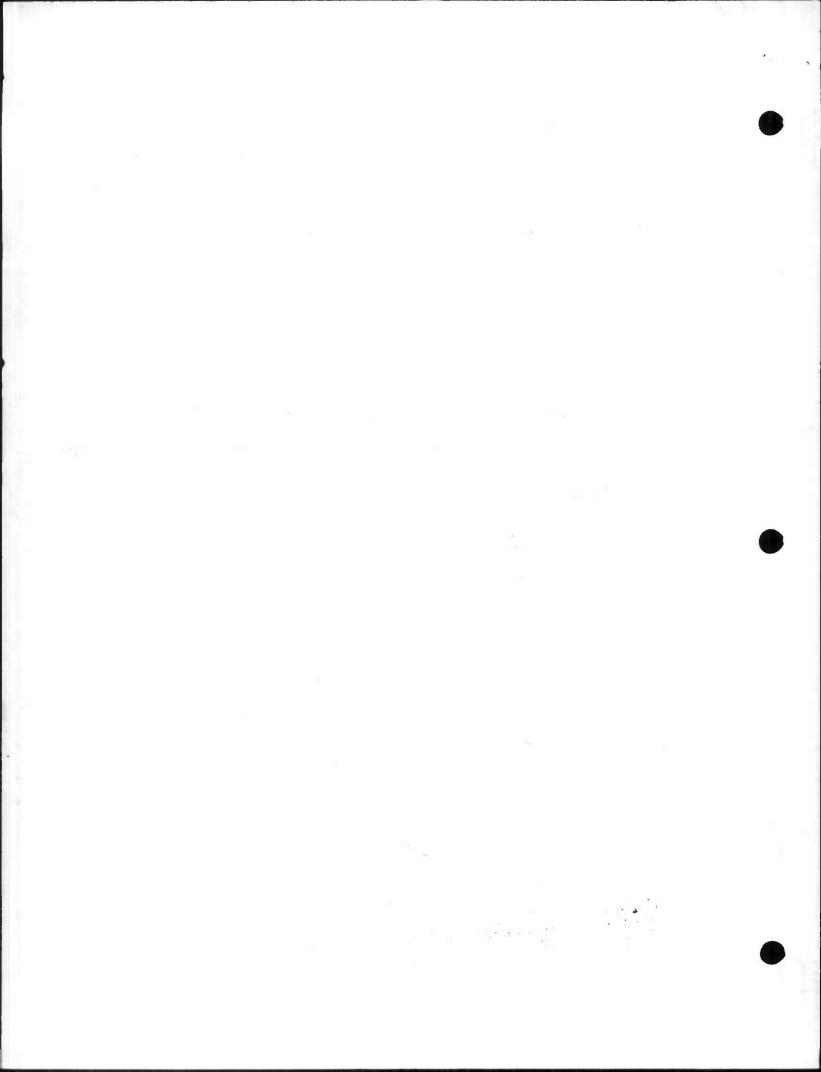
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		1 - STATE REGISTRAR	SIAIE UF I	MAHYL	AND / DEPAI CERTIF					MENTA	REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	E OF OFATH	V	VEAR :	3. TIME OF D	EATH
		Sharon	М.			cks				Se	pt. I	7,19	995	7:00	) P M
		4. SOCIAL SECURITY NUMBER 217 64 5101	5. SEX		(In yrs. last birthday) 9 YRS.	IF UNDER	DAYS	HOURS	24 HRS.	(Mon	th, Day, Year)	15.6	Country)		or Foreign
pino		De. FACILITY NAME (If not institution, give			9 THS.	Oh CITY	TOMBLE	OR LOCATI	011 05 0		ch 26			Md.	
2, 3 should	OR	Md. Gene	-7.55	pita	a 1			more		EAIN		Se. COUR	TY OF OE	n/a	
. Pages 1.	DIRECTOR	100. STATE 10b. COUNT	n/a		10c. Ci	у тожн о Ва1	e Locat	non Ore						10d. INSIDE C LIMITS?	
it permit.	RAL	100. STREET AND NUMBER 501 W. Hoffm	122				101	212					ZEN OF WH	IAT COUNTRY	
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS  Never Married 2 Married	12. WAS DECEDEN	IT EVER I	IN U.S. ARMED	13.	WAS DEC	ENDENT C	OF HISPAI	NIC ORIGI	N? (Specify Yea Rican, etc.)		SA 14. RACE -	American I White, etc.	ndian,
21215-0020 Il or attending physic for use as the burial	ВУ	3 Widowed 4 Divorced	IF YES, GIVE Y					2 ND			Pricari, etc.)		Specify:		
use a	TED	15. DECEDENT'S EDU (Specify only highest grad			16a. DECEDENT'S (Give kind of	work done	CCUPATIO	ON ost of working	ng	166	b. KIND OF BUS	INESS/IND			
	PLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ilite. Do NOT u	,	1				7				
AND the hospit detached	COMPL	11 th 17. FATHER'S NAME (First, Middle, Lest)			ASS	emb.	Ler	18. MOTI	HER'S NA	MF (First	Rope		aste	rn	- 1
# 8 A	l w	Leroy Jackson	, Jr.								M. Me				
MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a				ber, City or Town		Code)		
	-	Cecelia M. Ja	ckson						e S	t. I	Balto.				
6 ma ctor, p		20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	20t	b. PLACE AND DATE metery, cremetory or o Wester	OF DISPOS	ITION (Na	ime of		DAT			Olty or Town		
Page al dire		21 SIGNATURE OF FUNERAL SERVICE L	ICENSEE			1	NAME AN	ND ADDRE					M	<u>a.</u>	
ALTIN death, Pag tuneral di staminer		James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217													
BALTIM 24 hours after death. Page 7 filled in by the funeral direction, or removal.  the medical examiner in		23. PART / Enter the diseases, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition	complications the	it cause Jee on e	d the death. Do	1	the mo	Lat de of dyi	<u>lrer</u> Ing, suc	IS S	t. Ba diec or reepli	1to.	Mc	Approx Interva Onset	imata i Between and Death
ompletely s, crema		resulting in desth)	8		A CONSEQUENCE O	F):								Tulik	nown
	z	Comments that are stated as	Sepsi	is										į	
OX 68 Ox 68 be execut sician and crior to buni traumatic	ATIC	Sequentially list conditions, If sny, leading to immediate cause, Enter UNDERLYING			A CONSEQUENCE O	<b>f</b> ):									Q.
m = 4 = 5	FIC	CAUSE (Disease or Injury that initiated events	ви Нуроз		A CONSEQUENCE O	F):					·			-	
D 6 8 5	ERTIFICATION	resulting in death) LAST	Termi	inal	LAIDS										
dear dear	0	PART II. Other aignificent condition	ns contributing to	deeth b	out not requiting	in the un	derlying	n cause (	alven in	Part I	24e. WAS AN	AUTOBOV	1 045 11	VERE AUTOPS	V 601011100
signed by Health and Ws any It	MEDICAL									-	PERFOR	MED?	C	MAILABLE PRICOMPLETION ( OF OEATH?	OF CAUSE
S of per se		DID TOBACCO USE CONT	RIBUTE TO CA	USE C	OF DEATH Y	ES 🔲 I	NO [	UNC	ERTAI	v 🗆			,	YES 2	_ NO
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SICIAL Certific h the	PHYS	27. MANNER OF DEATH	1 Alinpatient 2 26a. OATE OF	INJURY	26b. TIN	E OF	28c. INJ		sidence		F (Specify) SCRIBE HOW IN	JURY OCC	UREO		
ON CO DING PHYS After this death with	ВУ Р	1 X Vetural 5 Pending 2 Accident Investigation	(Month, D			M	t 🗌 Y	PK7 YES 2	NO						
S after 28 L	ETED	3 Suicide 6 Could not be 4 Homicide detarmined	building,	etc. (Spec	f — At home, ferm, cify)	street, fact	ory, offici	•		26t. LOC City	CATION (Street as or Town, State)	nd Number	or Rural Rou	ite Number,	
TO THE HOSPITAL OR A TO THE FUNERAL DIREC be filed within 72 hours IMPORTANT: If Item	COMPLETED		ER: On the best of											ind manner a	e stated,
THE H THE FI filed w	BE	296. SIGNATURE, AND TITLE OF CERTIFIE	The A	20	>				256					fonth, Day, Ye	
FFAS	5	30. NAME AND ADDRESS OF PERSON WE M.R. Zinde:					1 00				Home			,	
		31. DATE FILED (Month, Day, Year)	32. REGISTRA			iary	ran	u Ge	ner	aL	nosp1	cal			
		SEP 2 0 1995	feli devide	_				_							



	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	be may what it made are used with the State Copy, or regall any mental regimes prior to burial, cremitation, or removed.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT OF	HEALTH AND		GIENE G. NO.	
	OECEDENT'S NAME (First, Middle,     DAVID GREGORY J.	ENKINS				2. DATE OF OE. MONTH	DAY (	YEAR S. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 213-06-0326	5. SEX 6. AG	E (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JULY 29,	1967 B	N. BIRTHPLACE (State or Foreign Country) ALTIMORE, MARYLAND
TOR	99. FACILITY NAME (If not institution, WASHINGTON COUNTY RESIDENCE OF DECEDEN	HOSPITAL.		96. CITY, TOWN	OR LOCATION OF C	DEATH	9c. COUNT	Y OF OEATH LINGTON
DIRECTOR	10a. STATE 10b. CC	YTHUC		TY, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	MARYLAND BAL	TIMORE	BALT		UNTY of, ZIP COOE		LIAN CUTITE	1 TYES 2 X NO
FUNERAL	1432 SHORE ROAD			I '	21220		U.S	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 V NO	If yes, s	CENOENT OF HISP/ pecify Cuban, Mexic S 2XX NO Spec	an, Puerto Rican, e	Ify Yes or No— 1.	4. RACE — American Indian, Black, White, stc. Specify:
ETED	15. OECEDENT'S (Specify only highest	grade completed)	16a. OECEOENT'S (Give kind of life. Do NOT u	Work done during n	ION rost of working	16b. KINO (	OF BUSINESS/INOU	STRY
APLE.	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	AUTO MECH			MERCHA	NTS TIPE	
COMPL	17. FATHER'S NAME (First, Middle, Las	•				AME (First, Middle, I		
BE	JESSE JAY JENKINS  190. INFORMANT'S NAME (Type/Print)		19b, MAJLIN	AOORESS (Street	and Number or Bure	ANCES JOHN	or Town State Zin C	antal
2	EMILY F. JENKINS N	MAY	/6/4	UCKERMAN	DRIVE HAND	VER, MARYL	AND 21076	
	20e. METHOO OF DISPOSITION 1		b.placeanooate				BALTIMO	ty or Town, State RE, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	DE LICENSEE			HN FUNERAL			
	LUCHTUR	MESEN		7401	BELATR ROA	BALTIMOR	E. MARYLAN	D 21236-4625
	23. PART I. Enter the diseases shock, or haert fall IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	ure. List only one ceuse on	aech line.					Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEGUENCE O		DEFC	ILWCY Z	PNPROI	= deys
MEDICAL C	PART II. Other algnificant cond	litions contributing to deeth	but not resulting	in the underlyle	ng ceuse given in	P	AS AN AUTOPSY ERFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N.	DID TOBACCO USE CO					NØ		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 127 YES 2 NO	HOSPITAL:	26. PLACE OF OEA	OTHER:		1000		
PHY	27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 26c. IN	JURY AT ORK?		OW INJURY OCCU	REO
B	1   Signatural   S   Pending   Pending   Investigat	lion		M 1 🗆	YES 2 NO			
TED	3 Suicide 6 Could no 4 Homicide determine		or — At home, ferm, scify)	street, factory, offi	ca	28t. LOCATION ( City or Town,		Rural Route Number,
COMPLETED		HYSICIAN: To the best of my know.						
BE C	296. SIGNATURE AND THEE OF CERT	ME STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST			29c. LICENSE NU	MBER	29d, DATE S	HGN50 (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type	, Print)	09284	7565	1 9	115/95
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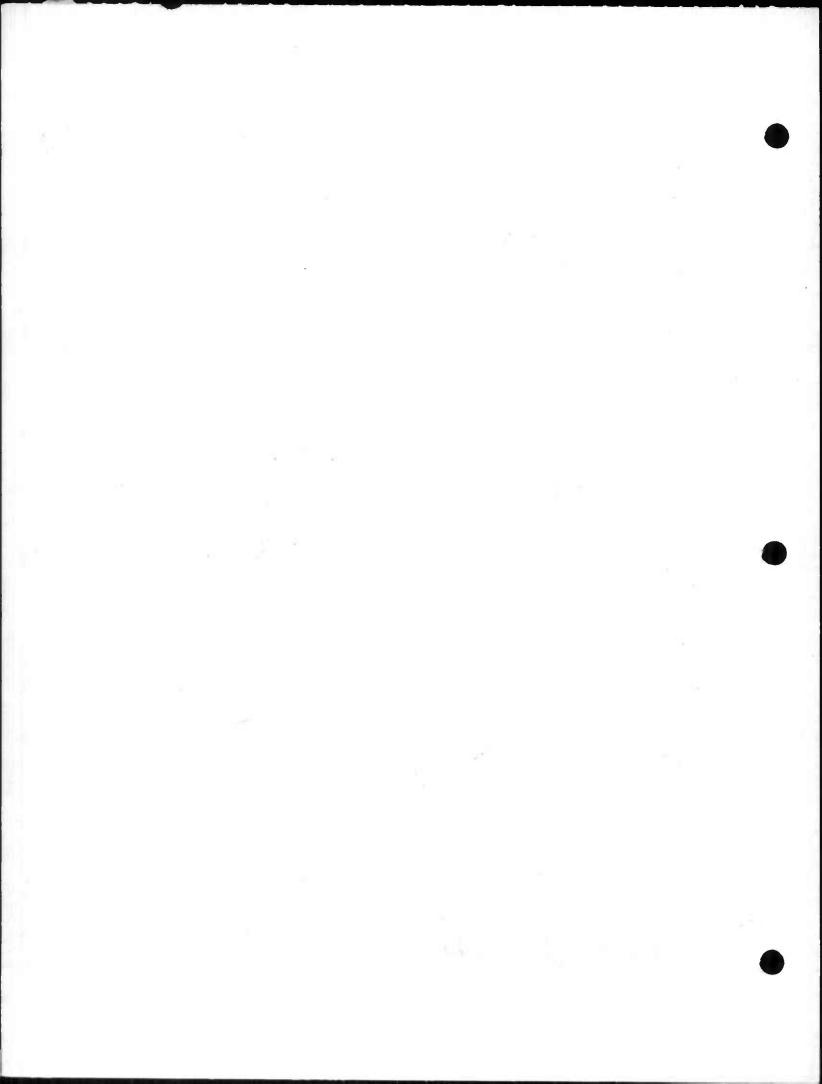
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020	physician.	burial-transit permit
BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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LTIMORE	eath. Page 6 may	uneral director, pag
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temporal control of temp	De med Within 72 Hours are used with the Date Dept. Or regular and injury, or other traumatic event, the medical examiner must be notified at once.
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<b>STATE</b>	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIENE
		CI	ERTIFICATE	OF	DEAT	H		REG. NO.

1	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	C		anu	\$	2. DATE OF MONTH	DEATH DAY	3 9	3. T	Q S ( b m
	4. SOCIAL SECURITY NUMBER 358 01 6796 98. FACILITY NAME (If not institution, give str	1× M 2 D F 78	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		3°, 191	7 I	IIIn	CE (State or Foreign
	Suburban Hospi			Bethes				ontg		У
( )	10a. STATE 10b. COUNTY	gomery		thesda	ION					INSIDE CITY LIMITS?
- 10-	10e. STREET AND NUMBER 7103 Braeburn	Place			2IP CODE 0 8 1 7			S A	OF WHAT	COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	AS DECEDENT EVER IN U.S. ABMED PRICES?  1  YES 2 NO  YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yes, specify Cuben, Mexican, Puerto Rican, etc. 1 YES 2 NO Specify:							
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Me. Do NOT use	rork done during mo e retired.)	ve Anal	1		vern	ment	itutes
	17. FATNER'S NAME (First, Middle, Lest)  Louis Janus				18. MOTNER'S NA Elizab		dle, Maiden Su	rname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)  Zelda Janus			ADDRESS (Street a	nd Number or Rural :	Route Number,	City or Town,	State, Zip Co	ide)	
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Remo		b. PLACE AND DATE C			9 / 15	Fall	inia	űrch	State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ePaille		Ives	D ADDRESS OF FA Pears C S Churc	n Fu	neral			
	23. FART I. Enter the diseases, or c shock, or hasnt failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach line.	one	de of dying, suc	ch as cardia	c or respire	lory arrea	1,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):	0					3
4	PART II. Other algnificent condition	a contributing to death i	but not resulting i	in tha underlyin	g causa givan in		4a. WAS AN AL PERFORM	ED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
YSICI	EXAMINER?	HOSPITAL:			e 5 🗆 Residencs					
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	. DATE OF INJURY (Month, Day, Year)  28b. TIME OF Sec. INJURY AT WORK?  M 1 YES 2 NO  26d. DESCRIBE HOW INJURY OCCURED					RED		
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJUR building, atc. (Spe		street, factory, offic	•	281. LOCAT City or	ION (Street and Town, State)	d Number or	Rural Route	Number,
COMPLETED	(Check only	CIAN: To the beet of my know								I menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	"Oule	~ ~	~	29c. LICENSE NU		6	29d. DATE S	BIGNED (Mo	nth, Day, Year)
٤	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAUSE OF D	EATN (ITEM 27) (Type,		(80	-6	ou s	w w	2 V	od 1
	31. DATE FILED (Month, Day, Year) SFPS 0 1995	32. REGISTRAR'S SIG	NATURE							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.  TO THE MOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Total of the Mospizal or attending physician.  TO THE FUNEALL DIRECTOR: About this certificate by the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygies prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or tiem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEAT	TH		3. TIME OF DEATH	
	OMER	Patr	ick		KELL	Y.				Sep 1	5 1 996	YEAR	4:45 am M	
	4. SOCIAL SECURITY NUMI		5. SEX	6. AGE (In yrs. la		IF UNDER	R 1 YEAR	IF UNDER	MIN.	7. DATE OF BIRTH	1	8. BIRT	HPLACE (State or Foreign	
	092-14-701		1 M 2 □ F	80	YRS.		-				1915	C	anada	
OR	9a. FACILITY NAME (If not institution, give street and number)  Saint Joseph Medical Center								Maryle			9c. COUNTY OF DEATH Baltimore		
5	RESIDENCE OF DEC													
DIRECTOR	Pa.	10b. COUNTY	ork			y, town i ork	DR LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
A	10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CI	TIZEN OF	WHAT COUNTRY?	
FUNERAL		wdrop						1740	2			USA		
FU	11. MARITAL STATUS  1 Never Married 2			XX YES 2	2 NO If yes, specify Cuban, Mexica				ın, Mexican	, Puarto Rican, ato	y Yes or No—	Blac	E — Americen Indian, k, White, atc.	
ВУ	3 Widowed 4 Divo	orced			WII			X	ороспу.			Spec	White	
	15, DEC (Specify onl	EDENT'S EDUC ly highest grade	CATION completed)	10	ECEDENT'S Sive kind of	vork done	during me	ON ost of working	ng	16b. KIND O	BUSINESS/IN	DUSTRY		
COMPLETED					Elect					Ind	lustria	al		
CON	17. FATHER'S NAME (First, Middle, Lest) John Joseph Kelly					18. MOTHER'S NAME (First, Middle, Max Laura Maura				alden Surname)				
TO BE	19a. INFORMANT'S NAME (1 Edythe Ke			19	b. MAILING	ADDRES	S (Street )	and Number	or Rural R	oute Number, City o	Town, State, 2	ip Code)		
	20a. METHOD OF DISPOSIT			20b. PLACE				-			LOCATION -	City or Tr	Charles Charles	
1	& Burlal 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from Stata						Cem 9	9-18-95			lls Md.	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22.	NAME A		SS OF FAC	Towson F	ינו			
	KS	1 1	2					1	.050	York Rd.	Tows		. 21204	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	mart tamure.	BILATE	RAL PNE	JMON	IA.	r the mo	de of dy	ing, such	aa cardiac or r	espiratory a	rrest,	Approximata interval Batween Onset and Death 2 WEEKS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa  DUE TO (OR AS A CONSEDUENCE DF):  DUE TO (OR AS A CONSEDUENCE DF):  DUE TO (OR AS A CONSEDUENCE OF):													
ËRT	resulting in desth) LAST													
	PART II. Other significa	nt condition	s contributing to	death but not	resulting i	n the ur	nderlyin	g cause (	given in F	Part I. 24a. WA	S AN AUTOPSY	246	. WERE AUTOPSY FINDINGS	
MEDICAL	CEREBROV	/ASCUL	AR ACCIDE	ENT						PERFORMENT			AMILABLE PRIOR TO COMPLETION OF CAUSE	
ME													OF DEATH?	
ż	DID TOBACCO U	SE CONTE	RIBUTE TO CA	USE OF DEA	TH YE	S 🗆	NO D	UNC	ERTAIN					
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		CE OF DEAT	H (Check	-							
IYSI	1 TES 2 TND		HOSPITAL: 1-C Inpatient 2		_	4 🗌 Nur	raing Hon			Other (Specify)				
BY PH		Pending Investigation	26a. DATE OF (Month, D		28b. TIM INJ	E OF URY M	-	URY AT ORK? YES 2		28d. DESCRIBE H	OW INJURY O	CURED		
	3 Suicide 6	Could not be determined	28a. PLACE O building,	F INJURY — Al ho atc. (Specify)	ome, ferm, s	treet, fac	tory, offic	•		281. LOCATION (St City or Town, S	reet and Numbi State)	or or Rural I	Route Number,	
7	29a. CERTIFIER (Check only	FIFYING PHYSI	CIAN: To the best of	my knowledge, de	with occum	d at the t	time date	and place	and due t	o the cause(s) and	I manner en et	tod		
COMPLETED													i) and menner as stated.	
H	296. SIGNATURE AND TITLE	OF CERTIFIER	b ma	110	12			-	ENSE NUME 11410	BER	29d. DA	TE SIGNED	(Month, Day, Year)	
2	JOGINDER P	F PERSON WHO	A. M.D.	SE OF DEATH (ITE	м 27) (Туре, РН М	Print)	CTR.	762	ROY C	K AD., TO	WSON,	MD. 2	1204	
	31. DATE FILED (Month, Day,	Water)	a 22 REGISTRA	D'S SIGNATURE			_	-						
	SEP2 0 19	95 4	1. Devide	or Roulell										



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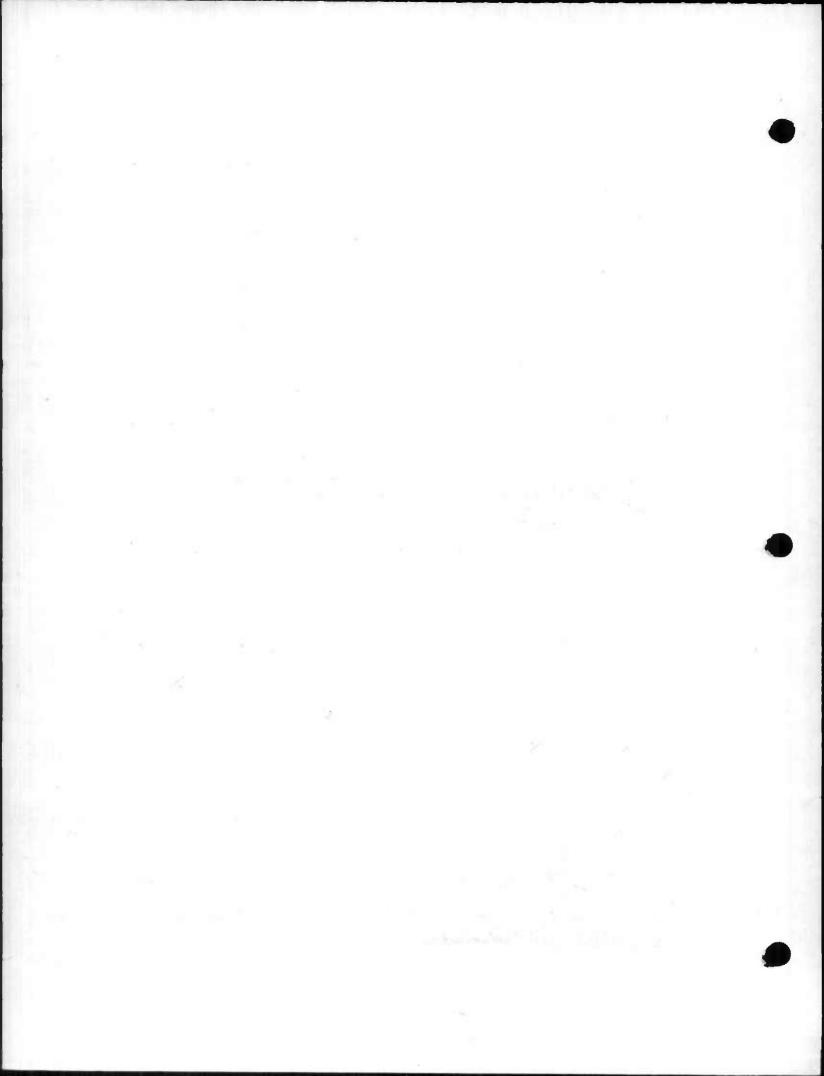
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.	E				
	1, DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME O	F DEATH		
	RODERICK	A.	LANCAS (In yrs. leat birthday) IF I		SR.	Sept. 13	, 19		16 Pr		
			62 YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	Nov. 30, 1	932	s. BIRTHPLACE (Sta Country) Pennsyl	vania		
-11	9e. FACILITY NAME (If not institution, give street a	and number)	9b.	CITY, TOWN C	R LOCATION OF D	EATH	9c. COUN	DUNTY OF DEATH			
OR	St. Joseph Medic	r		N.A.		Baltimore					
EG	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		19c. CITY, TO	WN OR LOCAT	ION			E CITY			
DIRECTOR	Maryland Balt	imore		N.A.				1 YES	\$? 2 ₹ NO		
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZ	EN OF WHAT COUN	TRY7		
ER	417 South 52nd	Street			21224			U.S.A.			
BY FUNERAL	1 Never Married 2 Merried	N U.S. ARMED 2 NO ATES 1 flict	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					or No- 14. RACE — American Indian, Black, White, etc.  Specifikhite			
ED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp		16a. DECEDENT'S USU (Give kind of work			16b. KIND OF BUS	SINESS/IND	USTRY			
COMPLETED		ollege (1-4 or 8 +)	Crane O	red.)		Pothi	ohom	Steel			
MP		N.A.	crune of	JEI a C				steel			
	t7. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Malden	Sumeme)				
BE	Leo  19a, INFORMANT'S NAME (Type/Print)	Lancaste		0500 (0	Verr	Route Number, City or Tow		unknown			
2	Rose Lancaster					eet Balt			1		
	20a. METHOD OF DISPOSITION	201	. PLACE AND DATE OF DI				_	City or Town, State	1		
	1 Buriel 2: Cremetion 3 Removal 4 Donation 8 Other Specify)	from State Cer	reenmount	lace!		9-16 Ba	1 t.im	ore. Ma	rvland		
	21. SIGNATURE OF FLABRIAL SERVICE LICENSE		2	22. NAME A	D ADDRESS OF FA	ACILITY					
	· Nhall	11-	5	Jose 263	oh N. Z	Tannino J	r. F	uneral	Home 21224		
	23. PART Letter the diseases, or com-	official participal	d the death, Do not						roximata		
	shock, or heart failure List. IMMEDIATE CAUSE (Finel	anie con cause on e	ech line.			,			rvai Batween let and Death		
Н	disease or condition	DAN	CREATI	c (	ARCI	NOMA		1	8 MUS		
	resulting in death) a		A CONSEQUENCE OF):			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Z	C b										
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):								
2	CAUSE (Disease or Injury	C.  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	that initiated events reaulting in death) LAST	552 15 (611 116 1									
	6										
AL	PART ii. Other significent conditione co	ontributing to death I	out not reaulting in th	ne underlyin	g couse given in	Part i. 24s. WAS AN		AVAILABLE	OPSY FINDINGS PRIOR TO		
						1 _ YES 2	<b>X</b> NO	OF DEATH	ON OF CAUSE		
M								1 TYES	2 NO		
AN	DID TOBACCO USE CONTRIBUTE 25, WAS CASE REFERRED TO MEDICAL	UIE IO CAUSE C	26. PLACE OF DEATH (		UNCERTAI	иПГ					
C	EXAMINER?	OSPITAL:	O	HER:		24120/2120					
(n)	1 YES 2 NO 1	Inpetient 2 ER/Out		-		8 Other (Specify)	N.HIBY OCC	TURED			
<u>&gt;</u>		INJURY	INJURY WORK?				701125	HOW INJURY OCCURED			
PHYSICIAN: MEDIC	1 Natural 5 Pending	(Month, Day, Year)		M 1	M 1 YES 2 NO						
BY	1 Netural 5 Pending 2 Accident Investigation	28e. PLACE OF INJUR	Y — A1 home, ferm, stree			28f. LOCATION (Street		or Rural Route Numb	ør,		
BY	1 Netural 5 Pending		Y — A1 home, ferm, stree			28f. LOCATION (Street City or Town, State)		or Rural Route Numb	er,		
BY	1 Netural 5 Pending Investigation 3 Suickle 8 Could not be determined 2 CERTIFIER CERTIFYING PHYSICIAN	28e. PLACE OF INJUR building, etc. (Spe	octly)	1, fectory, offic	•	City or Town, State)			• (		
BY	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only	28e, PLACE OF INJUR building, etc. (Spe 1: To the best of my know	viedge, death occurred at	1, fectory, office	end place, and du		nner as atat	ed.			
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only	28e, PLACE OF INJUR building, etc. (Spe 1: To the best of my know	viedge, death occurred at	1, fectory, office	end place, and du	City or Town, State) e to the cause(e) end ma e time, date and place, er	nner as atat	ed. e cause(e) and man	ner se stated.		
BE COMPLETED BY	1 Natural 5 Pending Investigation 2 Accident 5 Could not be datermined 2 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	28e, PLACE OF INJUR building, etc. (Spe 1: To the best of my know	viedge, death occurred at	1, fectory, office	e end place, and du	City or Town, State) e to the cause(e) end ma e time, date and place, er	nner as atat	ed. cause(e) and man	ner se stated. ly. Year)		
COMPLETED BY	1 Natural 5 Pending Investigation 2 Accident 5 Could not be datermined 2 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	28e. PLACE OF INJUR building, etc. (Special Control of the best of my known the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of examination of the basic of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examin	viedge, death occurred at on end/or investigation, in	the time, date in my opinion, o	end place, and du leath occured at th  29c. LICENSE NU  D164	City or Town, State) to the cause(s) and ma time, date and place, or  MBER 492	nner se state	ed. e cause(e) and mani E SIGNED (Month, Di	ner se stated.		
BE COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O  29b. SIGNATURE AND TITLE OF CERTIFIER  BLACKS  1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: O	28e. PLACE OF INJUR building, etc. (Special Control of the best of my known the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of examination of the basic of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examin	viedge, death occurred at on end/or investigation, in	the time, date in my opinion, o	end place, and du leath occured at th  29c. LICENSE NU  D164	City or Town, State) e to the cause(e) end ma e time, date and place, er	nner se state	ed. e cause(e) and mani E SIGNED (Month, Di	ner se stated. ly. Year)		



burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 212

Item1,9-727,9-20-95,perf.h.,dk

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CE	RTIF	ICATE	OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Las	()						2. DATE OF	OEATN		-	3. TIME OF DEA	TN
	PAUL Kenn	MUI	LLEN	I s			SEPT. 17,1995 16:50						
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF		1,10		HPLACE (State or F	
	235-26-9954	1 💢 M 2 🗆 F	72	YRS.	MONTHS	DAYS	HOURS MIN.	August		122	Count	try)	
	9e. FACILITY NAME (If not institution, give	street end number)	, ,		9b. CITY	TOWN	PR LOCATION OF DE	EATH	0, 15		ME:	st Virgi	nia
TOR	HOPKINS BAYVIEW ER BALTIMORE N/A												
E	10e. STATE 10b. COUN	iTY		10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CIT	Y
LDIF	Maryland N/			Balt	-						1 X YES 2	NO NO	
FUNERAL DIRECTOR	5012 Eugene A	venue				101	21206					what country? d States	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1   IF YES, GIVE WAR	YES 2 XN							E American Ind ik, White, etc.	ian,		
6	15. DECEDENT'S ES	DUCATION	16a. DEG	CEDENT'S	USUAL O	CUPATIO	DN	16b, KI	ND OF BUS	SINESS/IN	DUSTRY	1111100	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gr	Do NOT us	work done o se retired.) hinis		st of working	Mo	<b>+</b> n1 (	Com [	) on a selec		
M	17. FATNER'S NAME (First, Middle, Last)			Maci	111113	) L					roat	uction	/
	Wadie Mulle	ns					16. MOTHER'S NA	ме <i>(First, Mide</i> gia Ch					
BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street e	nd Number or Rural I	·			n Codel		
유	Georgia Ghapma	R- RAYMAN					e Avenue					21206	
	20e. METNOD OF DISPOSITION 1 № Burlel 2 □ Cremellon 3 Ⅸ Re	***	20b. PLACE A cametery, crer	NDDATE	OF DISPOS	TION (No	me of	DATE	200 100	CATION	City of To	www. Ptete	
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE 1	ICENSEE Marale T	<u>Kanawha</u>	Valle	ey Men	moria	1 Gds. 9	/22/95	G1	asgov	N, We	est Virg	inia
	> Marle T.	Zaughu	. Zavoy	yna		Leon	ard J. R Harford	luck,		7			
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Arteriosclerotic Cardiovascular Disease  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Due to (or as a consequence of):												
DICAL CE	PART il. Other significant condition	ons contributing to dec	oth but not re	sulting	In the un	derlying	cause given in	Part i. 24	a. WAS AN		24b	. WERE AUTOPSY F	TO
MEDI								- 1	YES \$	₹Xµ0		OF DEATH?	
	DID TOBACCO USE CON	TRIBUTE TO CAUS	E OF DEAT	TH YE	S 🔲 N	10 🗆	UNCERTAIN	V X IN	SPEC	CTIO	N		
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA	26. PLACE	OF DEAT	IN (Check o	_							
Ś	XIXYES 2 NO	1 Inpatient 2 ER	/Outpatient 3	DOA	OTHER		5 - Residence	6 Other (S	pecify)				
/ PHYSICIAN:	27. MANNER OF DEATH  1 X Netural 5 Pending	28a. DATE OF INJ (Month, Day, Y		28b. TIM		28c. INJI WO	JRY AT	20d. DESCR		JURY OC	CURED		
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	ne, ferm, s	street, fecto			28f. LOCATIO	ON (Street e own, Stete)	nd Number	or Aurel F	Route Number,			
Ę.	29e. CERTIFIER 1 CERTIFYINO PHY	SICIAN: To the best of my	knowledge, des	th occurr	ed at the ti	me dete	and place, and due	to the counci	e) and man	ant on old	and in		_
COMPLETED		NER: On the besis of exami										e) end manner ee s	etated.
w II	395 SIGNATURE AND TITLE OF CERTIFI	ER					29c. LICENSE NUM	IBER		29d. DAT	E SIGNEO	(Month, Day, Year)	
∞	NW/XM					- 1	OCME					.18,199	
위	39 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH (ITEM	27) (Type,	Print)		OCHE			5	BF I	. 10, 19	, ,
	Ann Dixon M.D.	111 Peni	n Stre	et,	Bal	ltin	nore, M	aryla	nd 2	2120	1		
	31. DATE FILED SEP 00 200 199	35 "gatta aba		rdoll									

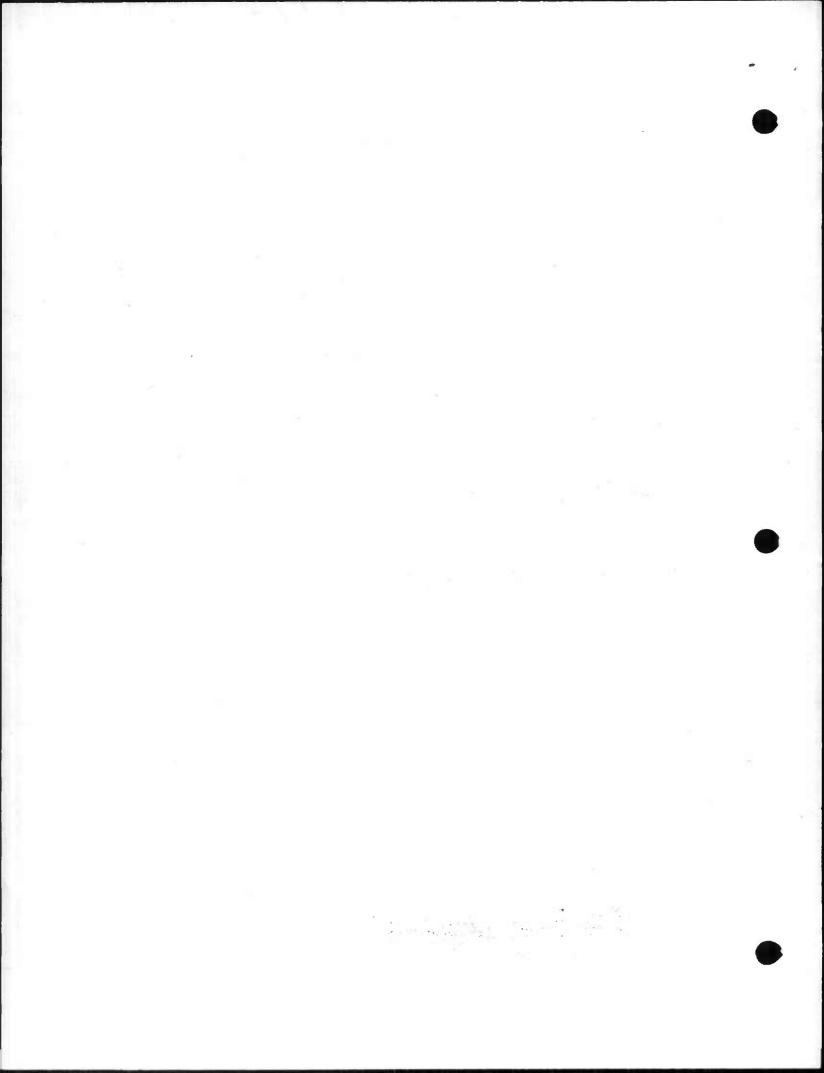
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Prop. 6 may be retained by the 10 THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the tunnel deach with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at any

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	LEN	after after	28 1	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TA hours after death. Page 6 may be retained by the hospital or arte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Itom 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND C	DEPART	MENT OF	HEALTH DEAT	AND N		YGIENE EG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF C	DEATH		YEAR	3. TIME OF DEATN
	William  4. SOCIAL SECURITY NUMBER		MCALLISTER  5. SEX  6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 MRS.							16,		8:45 A.M
	092-14-5810	1)CXM 2 □ F	92		MONTHS DAYS	COUNTY DAYS HOUSE MAIN (Month, Day, Year) Country					Country	Le, n. Ireland
O"	9a. FACILITY NAME (If not institution, give a				9b. CITY, TOWN		ON OF DE				ITY OF DE	ATN
DIRECTOR	Franklin Square H	anklin Square Hospital Baltimore								Balt:	imore	County
REC	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC							10d. INSIDE CITY
<u> </u>		rford			Fal	lston					LIMITS?	
FUNERAL	100. STREET AND NUMBER 1813 Belair Road				1	DI. ZIP CODE		10g. CITIZEN OF WH				
1813 Belair Road  21047  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No.— 14. I								U.S.				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	NO NO	If yes, a	CENDENT O pecify Cuba \$ 2 X NO	n, Mexican	, Puerto Rican	etc.)	or No	14. RACE Bleck, Specify Whit			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S U	SUAL OCCUPAT	ION	_	16b, KIN	D OF BUSI	INESS/INDI	USTRY	
COMPLETED	Elementary/Secondary (0-12) 12th.	College (1-4 or 5+)	life Do NOT use estimat )						icto	ry Ca	arrie	ers
BE CO	17. FATNER'S NAME (First, Middle, Leel)  Robert McAllister  18. MOTNER'S NAME (First, Middle, Maiden Sumame)  Elizabeth nee McMullan											
TO B	19e. INFORMANT'S NAME (Type/Print)		19		OORESS (Street							
-	Robert McAllister 1712 Beechbank Way BelAir,Md. 21015											
	20a. METNOD OF DISPOSITION  1  X Burlel 2   Cremation 3   Rame 4   Donation 5   Other (Specify)	oval from State	20b. PLACE	ANDDATEO	emetery	lame of / Sept	t.19,	1995	20c. LOC	allst		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME /	ND AODRES	S OF FAC	ILITY				
	Et Jay	salv			E.F.L.	Aces	1 CAM	FUNEF	262.	HOWK	Vinc	50 Belair Rd. sville,Md.
	23. PART i. Enter the diseases, or c	complications that of	caused the de	eath. Do no	ot enter the m	ode of dyl	ng, such	as cardiac	or reapin	atory arre	eat,	Approximata
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final										Interval Between Onset and Death	
	disease or condition resulting in death)  a. Respiratory Failure  DUE TO (OR AS A CONSEQUENCE OF):										2 years	
_	Pulmonary Fibrosis											
10	Sequentially list conditions,  If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
CA	cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	OUENCE OF):								
DICAL	PART II. Other aignificant condition	contributing to de	eath but not	resulting in	the underlying	ig cause g	iven in P		WAS AN A PERFORM	IED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M											1	☐ YES 2 ☐ NO
AN	DID TOBACCO USE CONTR	RIBUTE TO CAU					ERTAIN					111
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:			(Check only one							
H	27. MANNER OF DEATH	26a. DATE OF IN	JURY	26b. TIME	OF 28c. IN		- V			IURY OCC	IRFO	
M 1 YES 2 NO										JILD		
	2  Accident investigation 3  Suicide 6  Could not be 4  Homicide determined	26a. PLACE OF I building, atd	NJURY — At he c. (Specify)	ome, term, str	set, fectory, offi	00		281. LOCATION City or Tox		d Number o	or Rural Roo	ute Number,
9	29a. CERTIFIER 1 CERTIFYING PHYSIC	MAN: To the hard of	t browledge -									
COMPLETED	(Check only one)  1 CERTIFYING PHYSIC ONE)  2 MEDICAL EXAMINER											and manner as stated.
BEC	29b. SIONATURE AND TITLE OF CERTIFIER					_	NSE NUME					Aonth, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Time 5	riat)	DG	1597	7)		1	7-10	1-95
Mohammad Rahnama, MD 9000 Franklin Square Drive Baltimore, Md 21237												



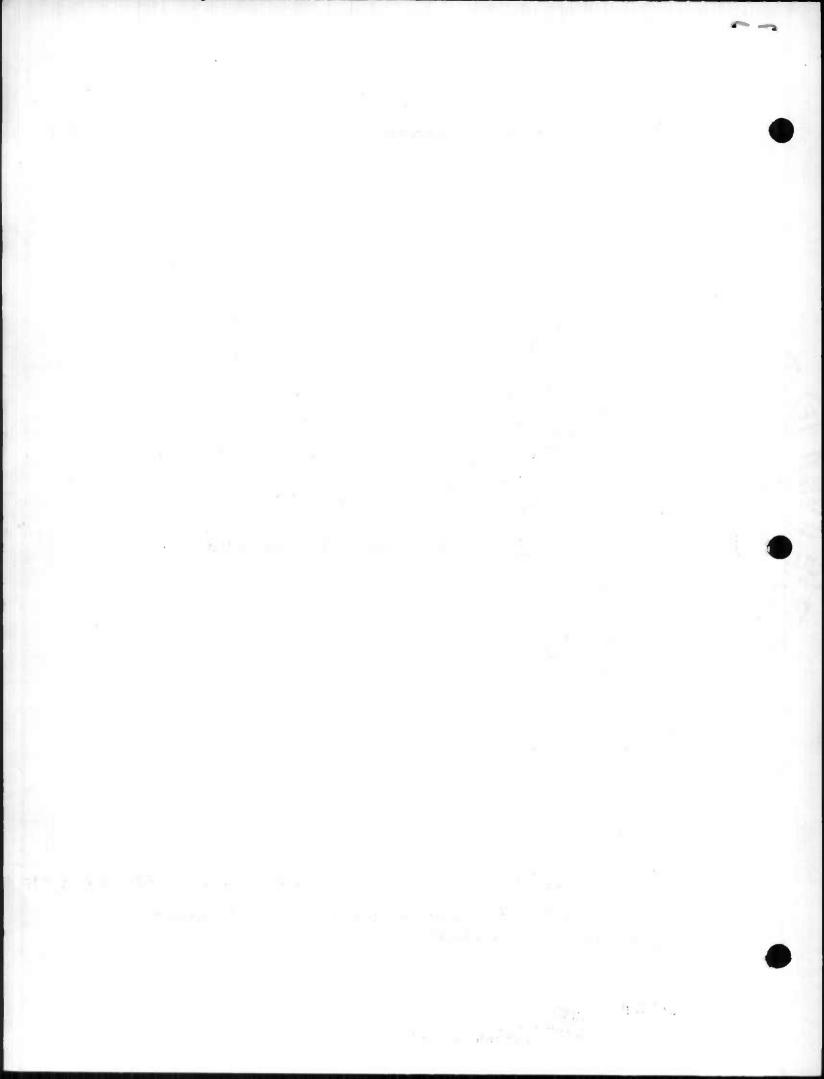
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ВОХ
P.0.
RECORDS,
F VITAL
DIVISION
_

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attenting physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART	CATE OF			YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)  DANIEL	J. Mc				2. DATE OF I	DEATH DAY	YEAR 5 1 1995	3. TIME OF DEATH  540 P M
4. SOCIAL SECURITY NUMBER 220-82-1508		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DATE OF		a muor	THPLACE (State or Foreign try) ryland
9e. FACILITY NAME (If not institution, give University Hospi			Lmore		90	c. COUNTY OF	ore City	
University Hospi RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Car			, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?	
	roll		Hampstea 109	ZIP COOE				1 YES 2 NO
17923 Marshall M t1. MARITAL STATUS t XNever Married 2 Merried 3 Widowed 4 Divorced	111 Road  12. WAS DECEDENT E FORCES? t I IF YES, GIVE WAR	If yes, sp	21074 ENDENT OF HISPA ecity Cuban, Maxic: 2 X NO Specif	en, Puerto Rice	pecify Yes or I	United States  rNo- 14.RACE — American Indian, Black, Whita, etc.  Specify: White		
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of w	ork done during mo		t6b, KIN	teb. KIND OF BUSINESS/INDUSTRY		
Elementary/Secondary (0-12) 10th grade 17. FATHER'S NAME (First, Middle, Last)	10th grade Landscaper						mploye	d
Daniel J. McTagg	art, Sr.	° 19b. MAILING	ADDRESS (Street I	JoAn	n I. H:		tate, Zip Code)	
Mr. & Mrs. Danie	l McTaggari		Marsha	11 Mill		Hampst		
Buriel 2 Cremation 3 Ref		bruid Ridg	e Cemet		9/19		sville	
· James	BC	Treus		g Byers Liberty				Inc., MD 21133
23. PART / Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause		ac H					Approximate Interval Between Onset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	bDUE TO (OF	AS A CONSEQUENCE OF	7):					
CAUSE (Disease or injury that initiated events resulting in death) LAST	c.  DUE TO (OF	AS A CONSEQUENCE OF	ን:					
PART II. Other algnificant condition	ns contributing to de	eth but not resulting i	in the underlyin	g cause given in	900	PERFORMED? AMAIL		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	TRIBUTE TO CAUS				N 🗆			1 YES 2 NO
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN S. WAS CASE REFERRED TO MEDICAL  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  No Normal S No No Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Normal S Norm								
27. MANNER OF DEATH  t M. Naturel 5 Pending 2 Accident Investigation	URY W	JURY AT ORK? YES 2 NO	26d. DESCR	IBE HOW INJU	JRY OCCURED			
3 Suicide 8 Could not be determined	28e. PLACE OF II building, atd	tJURY — At home, farm, a . (Specify)	streat, factory, offi	00		ON (Street and lown, State)	Number or Run	el Route Number,
(Crieck Orny		knowledge, death occurre						e(s) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	ott M	D		290. LICENSE NO.	ABER APS			ED (Month, Day, Year) HBER 15,1995
20 S - G	REENE	STREET		MORE	MD	212	24	
SEP 2 0 1995	al 32 megis RAR"	Self Value						



rs after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou remoral.	dical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	ITEM: 13	. PER I	F.H. FILM	G-727	9/19/95	t.t					9 5	2	8351	
	1 - FOR STATE REGISTRAR		STATE OF N	IARYLAN				HEALTH A		IENTAL HYGIE!				
	1. DECEDENT'S NAME (First, Mid  ROZA  4. SOCIAL SECURITY NUMBER			MGAZANIK						2. DATE OF DEATH MONTH /	MY	1995	3. TIME OF DEAT	PM
	218–37–4699		5. SEX 1	M 2 XF 86 YRS. MONTHS DAYS HOURS MIN.					7. DATE OF BIRTH (Month, Day, Year) DEC. 15, 19	908	a. BIRTH	USSIA	oreign	
TOR	9a, FACILITY NAME (If not institute NORTHWEST HOS) RESIDENCE OF DECED	PITAL						LSTOW		тн		LTIM		
DIRECTOR	10a. STATE 10b	LCOUNTY	ORE			ALTIM		TION					10d. INSIDE CITY LIMITS? LIMITS?	
FUNERAL	3 COBBLESTONE	E CT.	, APT. ]	. <b>-</b> B			10	7. ZIP CODE 2121.	5			USS I	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	ried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	13.	If yes, sp	ecity Cuban,	HISPANIC Mexican, Specify:	C ORIGIN? (Specify Ye Puerto Rican, atc.)	e or No	14. RACI Black Speci		
	(Specify only high	NT'S EDUCAT	TION impleted)	16	Give kind o	work done	during me	ON ost of working		16b, KIND OF BU	SINESS/IN	DUSTRY	WHITE	
COMPLETED	Elementary/Secondary (0-12)	HOUSEWIFE OWN							OWN HO					
BE CO	II T TOUT						NNAH	E (First, Middle, Maider [	Sumeme)	MI	ERTVAYA			
9	19a. INFORMANT'S NAME (Type/F	1000								oute Number, City or Tox				
	LITROV BALAKT			20b. PL	ACE AND DAT	E OF DISPO	SITION/N		APT	1-B BZ	CATION -			
1 & Burtel 2 Cremation 3 Femous from State Competer, crematory or other place) ARLINGTON (CHIZUK AMUNO) 9/15/95 BALTO MD							D							
	21. SIGNATURE OF FUNERAL SE	INVICE LICEN	SEE					ND ADDRESS		BROS., IN	C			
	selu (4	(M)	lei			60	10 R	ETSTE	Sult.	תם מסות	TTO	_MD	21215	
	23. PART / Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellups. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Ventricular arrythmia								etween					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  A CUT & MY O Cardial infarction  DUE TO (OR AS A CONSEQUENCE OF):  C. C. C. C. C. C. C. C. C. C. C. C. C. C													
PHYSICIAN: MEDICAL (	PART II. Other significant c	conditions	contributing to	deeth but r	ot resulting	In the u	nderlyln	g ceuse giv	ren In Pi	ert i. 24a. WAS AF PERFO 1 TYES	RMED?	24b	WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF C OF DEATH?	TO
 W	DID TOBACCO USE	CONTRI	BUTE TO CA	USE OF D	DEATH Y	res 🗆	NO [	UNCE	RTAIN	-			1 TYES 2 TY	10
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF D						OTHE	R:							
	1 Netural 5 Pend		28e. DATE OF (Month, De	INJURY	28b. T	4 - Nu	28c. INJ WC	URY AT	1	Other (Specify) 28d. DESCRIBE HOW	NJURY OC	CURED		
TED BY	3 Suicide 8 Coule	-500	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specily)					2	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED										o the cause(a) end ma me, data and place, e			) end manner as si	tated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date  29b. SIGNAPORE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  230. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Figs. Origin)							74			(Month, Day, Year)	1995			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Morith, Day, Year)
SEP 1 9 1995

DHMH-16 Rev 1/89

X ---. 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1. 2, 3 should	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSF	TO THE FUNE	be filed within	IMPORTANT

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYLA			OF HEALTH		RENTAL HYGIENE REG. NO.	:			
)	1. DECEDENT'S NAME (First, Middle, Lest) ADAM H. McQUAY						2. DATE OF DEATH MONTH DAY SEPT. 19	, 1995	3. TIME OF DEATH 2:10 A. M		
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)		YEAR IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	BIRTHPLACE (State or Foreign Country)		
	212-07-5248	1X M 2 □ F 92	YRS.				MAY 12,190		IARYLAND		
_	9e, FACILITY NAME (If not institution, give s				OWN OR LOCATI		ATH _	9c. COUNTY			
DIRECTOR	FREDERICK VILLA	NURSING HOME		CATO	DNSVILL	E		BALTI	LMORE		
EC.	10e. STATE 10b. COUNT	Y	10c. CI	TY, TOWN OR	LOCATION				10d, INSIDE CITY LIMITS?		
		LTIMORE			BALTIN	MORE		1 TYES 2 NO			
FUNERAL	10e. STREET AND NUMBER				10f. ZIP COD				log. CITIZEN OF WHAT COUNTRY?		
NE I	903 BEECHFIELD AV	/ENUE			212		0.0000000000000000000000000000000000000	U.S.A.			
BY FU	1 Never Married 2 Merried 3 XWidowed 4 Divorced	FORCES? 1 YES	2 X NO	13. W	res, specify Cubi	an, Mexican Specify:	IC ORIGIN? (Specify Yes I, Puerto Rican, atc.)		No 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
	15. DECEDENT'S EDU	CATION I	16a. DECEDENT'S	LISUAL OCC	LIPATION		16b. KIND OF BUS	INESS/INDUST			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done du	ring most of worki	ing	No. KIND OF BOO	111230/11100011			
P	12TH GRADE		ACCOUN	TANT			BRE	EWING C	OMPANY		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAM	AE (First, Middle, Melden S	Surname)	7-		
BE	WILLIAM HARRY M	cQUAY					TTIAN				
10	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code)  21229  19c. INFORMANT'S NAME (Type/Print)  3703 CLARENELL ROAD — BALTIMORE, MD 21229										
	20e. METHOD OF DISPOSITION  1 Commetten 3 Removal from State 4 Donatten 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of commettery, crematory or other place)  LOUDON PARK CEMETERY  9/21 BALTIMORE										
	21. SIGNATURE OF FUNERAL BERVICE LI		NODON FA	22. N/	AME AND ADDRE		HITY		,E		
	Jackie	Al Sha	mor				L HOME, IN VENUE-BALT		MD 21220		
	23. PART Enter the diseases, or	complications that caused List only one cause on as									
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Onest and De 1/5.										
		DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
Ĭ.	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):		-					
E	resulting in death) LAST	d									
AL C	PART II. Other significant condition	ns contributing to deeth bu	t not reaulting	In the upd	erlying ceuse	given in i	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS		
S	Anemia,	Malhutit	ion 2	2° K	Hx	0	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
画	Calip + C	a Tonsil.			/	1			1 YES 2 NO		
S.	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF	DEATH Y	ES 🗆 N	O I UN	CERTAIN	1 🗆				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DE	OTHER:							
YSI	1 TES 2 LINO	1   Inpatient 2   ER/Outpa		4 W Nursh	ng Home 5 🗆 R	Residence	6 Other (Specify)				
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 2	WORK?	□ NO	28d. OESCRIBE HOW II	NJURY OCCURE	20		
BY	2 Accident investigation	28e. PLACE OF INJURY	- At home, term,	atreet, factor			281. LOCATION (Street o	and Number or F	Rural Route Number,		
TED	4 Homicide a Could not be determined	building, etc. (Special	fy)			_	City or Town, State)				
PLE	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	edge, death occur	rred at the 1lm	ne, date end plec	e, end due	to the cause(s) and men	nner as stated,			
COMPLET	one) 2 MEDICAL EXAMIN	ER: On the basis of exemination	end/or investigat	ion, in my op	inion, death occu	ured at the	time, date end place, en	d due to the ce	use(s) end menner es stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R MD			29c. LIC	CENSE NUM	196	29d. DATE SIG	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Typ	oe, Print)		10)	160		11/3		
	DR. DUANGMARL MA	LAYAMAN - 400	1 WILKE		ENUE -	BALT	IMORE, MD	21229	9		
	31. DATE FILED (Month, Day, Year) SEP 2 0 1995	32. REGISTRAR'S SIGNA									

LARENELL RU.

ARK CEMETERY 9/2.

FilmG, 727, item #23 part I.b, 9/29/95,cyw.per f.h.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

use as the burial-transit retained by the hospital or attending physician, page 5 should be detached for Раде 6 тау be funeral director, death. and completely filled in by the oburial, cremation, or removal. prior to the attending physician Mental Hygiene prior to been signed by th has by Dept.

BALTIMORE, MARYLAND 21215-0020

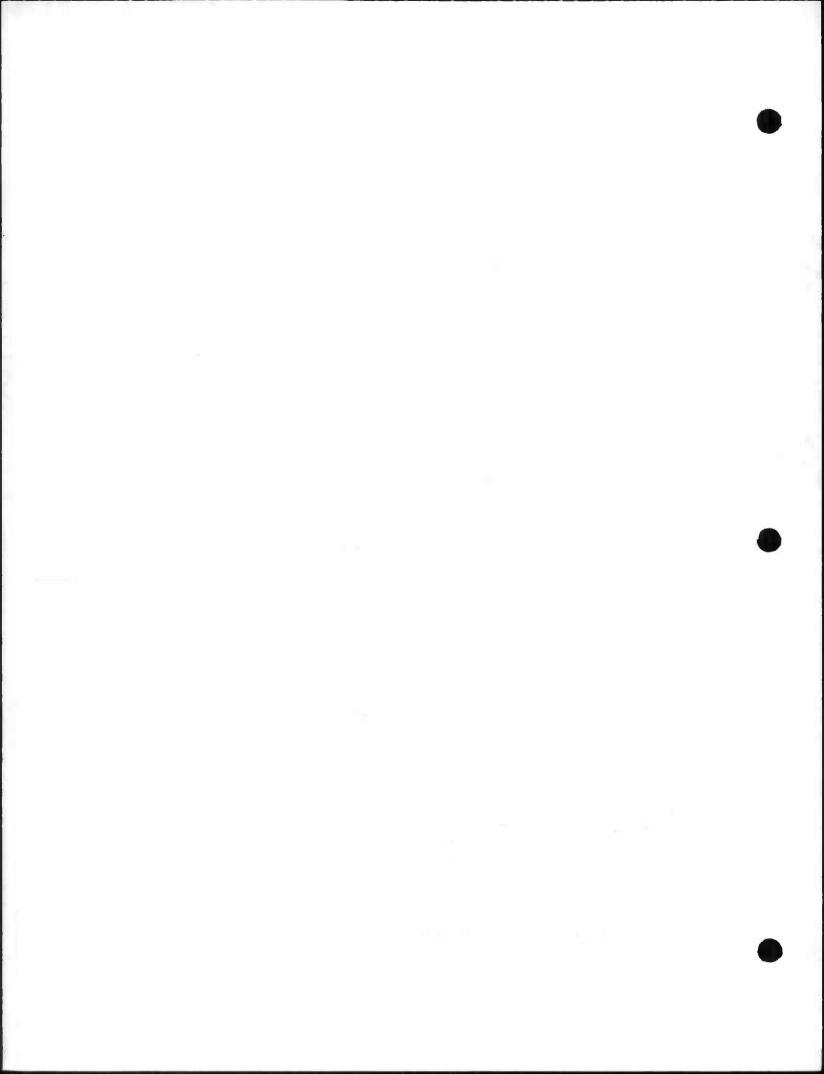
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Pages 1, 2, 3 should notified at pe must examiner medical the traumatic event, other t 9 in uny. OR ATTENDING PHYSICIAN: The law 23 L DIRECTOR: After this certificate has 2 hours after death with the State Did Item 28 is marked, or Item ? TO THE HOSPITAL OF TO THE FUNERAL DE FILE WITHIN 72 hr

STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3:50 OV 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS -- 28-83 1 M 2 -HOURS DEC 4, YRS 1929 UKRAINE 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VA MEDICAL CENTER BALTIMORE BALTIMORE N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 X YES 2 NO N/A BALTIMORE 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 25 SOUTH ELLWOOD AVENUE 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puarlo Rican, etc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced KOREAN WAR WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 TOOL CLERK CAN COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) VICTOR OLISCHUK HELEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 ALVINA OLISCHUK 25 S. ELLWOOD AVE., BALTIMORE, MD 21224 20a, METHOD OF DISPOSITION
1 Serial 2 Cremation 3 Removal from State 20b PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State CEDAR HILL CEMETERY 4 Donation 6 Other (Specify) 9-23 BALTIMORE, MARYLAND 21. SIONATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY lully MORAN-ASHTON FUNERAL HOME, INC. 3000 E. BALTIMORE ST., BALTIMORE Jacks MD 21224 23. PART I. Enter tha diseases, or complications that caused tha death. Do not enter tha mode of dying, such as cardiac or respiratory arrest, Approximate shock, Dr haart failura. List Dniy Dna cause Dn aach line interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition_ avaliac resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 4mos. CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO I YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL : OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED t Natural 1 YES 2 NO ΒY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 29a. CERTIFIER (Chack ank) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DIVISION OF VITAL RECORDS, P.O. BOX 68760



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STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ver 5. SEX 6. AGE (In yrs. IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 1200 HOURS YRS. VIRGINIA Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Genichtic 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY MARYLAND CARROLL WESTMINSTER 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 2133 SNYDERSBURG ROAD 21157 14. RACE — American indien, Black, White, etc. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PHO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe 12th econdary (0-12) College (1-4 or 5+) STEEL WORKER ARMCO STEEL. INC. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) THOMAS LEE PEARSON notified at BE DAISY BYRD 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LUCILLE BERGMAN MRS 2133 SNYDERSBURG RD WESTMINSTER MD. 21157 9 20a. MPTNOD OF DISPOSITION
1 Burlei 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, cemetery, crematory or other place) 4 Donation 5 Other (Specify) MD MEM DARK 9/22/ 9/22 LEWISZ T. GWYNN NAT LAUREL MD examiner 21. SIGNATURE OF PARTIES L SERVICE LICENSEE uted within 24 hours after death. completely filled in by the funera rial, cremation, or removal. LEWIS T. GWYNN FUNERAL HOME 21215 4517 PARK HEIGHTS AVE. BALTO MD medical 23. PART i. Enter the diseases, or complications that used the des shock, or heart fellure. List only one ceuse on each line. used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between cremation, or IMMEDIATE CAUSE (Final Onset and Death the disease or condition DI TO (OR AS A CONSEQUENCE OF event, resulting in death) in and com to burial, XIC traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician ntal Hygiene prior to ead 1 n cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 0 signed by the atte injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY tony, 00/05 any 1 TYES 2 NO OF DEATH? Shows 1 TYES 2 NO t. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: UNCERTAIN Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) State certificate HOSPITAL: Inpatient 2 - ER/Outpatient 3 - DOA rsing Nome 5 Residence 8 Other (Specify) 50 the state 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE NOW INJURY OCCURED with a marked. 1 | Natural
2 | Accident
3 | Suicide 5 Pending М 1 - YES 2 - NO After 1 BY investigation ATTENDING 28e. PLACE OF INJURY — At home, farm, streat, fectory, office building, atc. (Specify) 40 ETED. 28i. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: / 4 Nomicide 28 determined Item 8 29e. CERTIFIER COMPL 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If II (Check only one) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE DE CENTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE  $\mathcal{U}$ 181 2 OF ALRSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Heer lu Green oughing William 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE Buch

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX DOZOGO.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

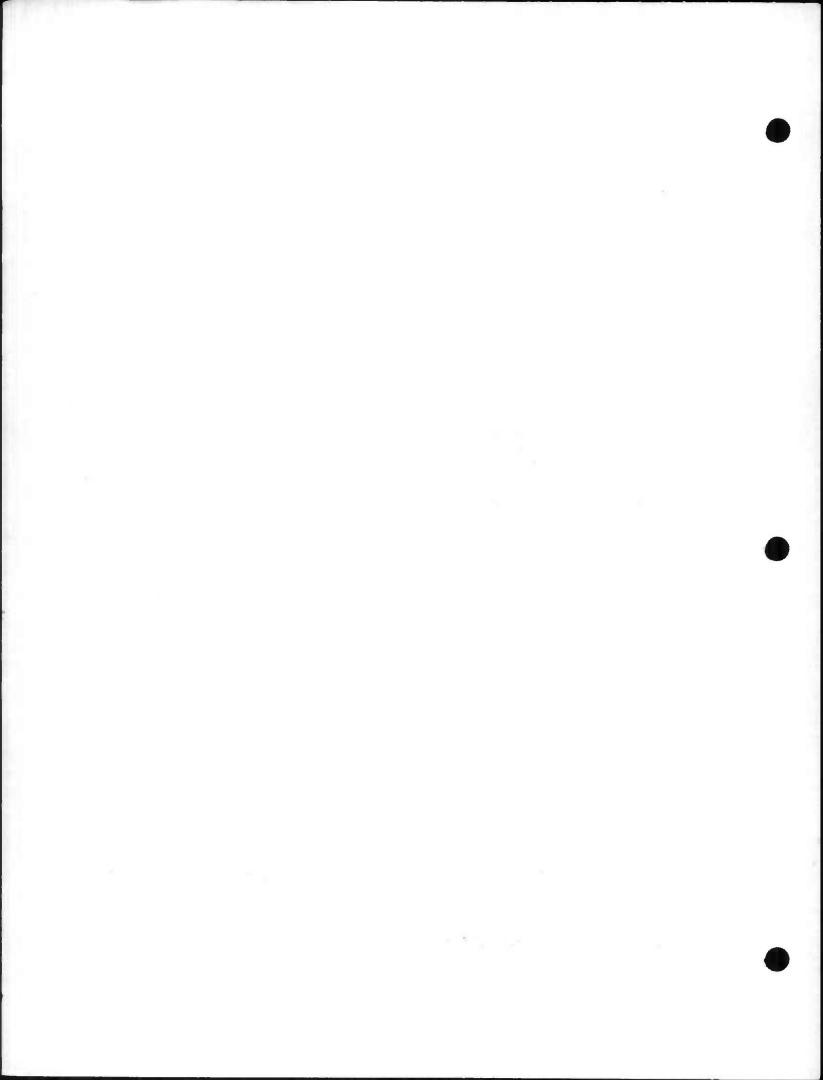
TO THE FUNERAL DIRECTOR. After this certificate be been certificate be executed within 24 hours after death with the State Dept. or Health and Mental Hygiene prior to build, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any finjury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	<b>ERTIFICATE</b>	OF DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE	OF MARY			MENT OF		ALTH AND N	MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Midd	die, Last)	-						2. DATE	OF DEATH		3	. TIME OF DE	ATH
•	Ethel Lo	orraine	Price						Sept		1995	(EAR	10	P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGI	E (In yrs last	birthday)	IF UNDER 1 YEA	R I	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8	. BIRTHPL	ACE (State or	Foreign
	220-05-4413  1  M 2  F									2 18,1		Country) (aryl		
			nber)								9c. COUNT		ГН	
2	4517 Powell					Ва	lt:	imore Ci	.ty		1	N/A		
EC		COUNTY			10c. CITY	TOWN OR LO	CATIO	N				11	od. INSIDE CI	TY
DIRECTOR	Maryland	N/A			B	altimo	re	City				¥	LIMITS?	□ NO
											10g. CITIZE	N OF WH	AT COUNTRY	?
5	4517 Powell A	Avenue						21206			U.S.	.A.		
5	11. MARITAL STATUS	FOROI	ECEDENT EVER					IDENT OF HISPAN			or No- 1	I. RACE -	- American in White, atc.	dian,
BY	1 Never Merried 2 Merri 3 Widowed 4 Divorced	IF YES	, GIVE WAR OR					XIND Specify		newn, etc.)		Specify:		
										_			Whit	e
	15. DECEDEN (Specify only high	NT'S EDUCATION hest grade completed)		(Giv	e kind of w	USUAL OCCUP ork done during	most of	of working	16b	KIND OF BUS	INESS/INDU	ITRY		
ا ۳	Elementary/Secondary (0-12)	College (	1-4 or 5+)		oo NOT usa emake	,				wn Hon	~			
COMPLET	8th Grade			TIOI	allan		_							
ဗ ၂	17. FATHER'S NAME (First, Middle,	known	m1				1	III. MOTHER'S NAI			-			
B E	Daniel		Tr	nomas				Mary	Ella		rwood			
2	19. INFORMANT'S NAME (Type/P)			1				Number or Rural F					21006	
	Bernard Fletch	her Sull			-			enue, Ba	-	_		-	21206	
l	20s. METHOD OF DISPOSITION 1					r place) Lrk Cen			21/9		cation — ci 1 t imo:	•	arylan	ıd
	21. SIGNATURE OF FUNERAL SEI		1	160		· · · · · · · · · · · · · · · · · ·		ADDRESS OF FAC	1					
	▶ K ITI.	· h	h.	. /		7.1		V411.	т.,		5 Bela			1206
-	Jacker	40 111.	1 Jus	porce	<b>Y</b>	Joni	1 6	. Mille	r In	· Bal	timor	e Mai	ryland	
	23. PART 1. Inter the disease mock, or heart	asa, or complicati failura. List only	ona that caus ona cause on	aach iina.	Do n	ot enter tha	mode	of dying, auci	n aa card	flac or reapi	ie			mata Batween
- 1	IMMEDIATE CAUSE (Final											nd Death		
	disease or condition reaulting in death)	a	>×	pres	)								one	month
Î		1	DUE TO (OR AS	CONSED	UENCE DE	5.		1 + g	0		^		510	Ko
Z	Sequantially list conditions,		1 pur	9010	~ /	neun	an	a A No	my	or on	1.	9	- 00	
RTIFICATION	if any, leading to immediate	a	DUE TO (OR AS	A CDNSED	UENCE OF	):				decu	NO TO	1		
3	cause. Entar UNDERLYING CAUSE (Disease or injury	c	DUE TO (DD 14		HENOE OF								-	
	that initiated eventa resulting in death) LAST		DUE TO (DR AS	S A CONSED	UENCE OF	):							i	
SER		d						-					+	
AL	PART II. Other aignificant c	onditions contribu	uting to death	but not re	sulting I	n the undari	ying o	cauaa givan in	Part i.	24n. WAS AN			ERE AUTOPSY	
	1) Anomia	@ 50	nore	mod	m	who	1 .			PERFOR		0	MAILABLE PRICE OMPLETION O	
MEDIC	(6) Dopremi		T. (2)	iero	an	Minti	`		_	1 TES 2	O BO	1	F DEATH?	7.800
	DID TOBACCO USE				H VE	S D NO	П	UNCERTAIN				,	YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME		IO CAUSE			H (Check only o		OTTCERIAII	' _					
2	EXAMINER?	HOSPI				OTHER:		~	- 565	7 2705				_
ا څ	27. MANNER OF DEATH		DATE OF INJUR		28b. TIME		INJUR	5 Residence		CRIBE HOW I	H HIBY OCCI	IDED		
	1 Netural 5 Pend		(Month, Day, Year	,	INJ	URY	WORK		200. DE	CHIBE NOW I	NJOHT OCCU	HED		
B	E Accident	etigation	DI ACE DE IN III	DV At hos	na farm a			5 2 ND	201 1 00	ATION (Const.	and Number of	a Dissail Char	ete Miresbar	
3 Suicide 4 Homicide 5 Could not be determined 286. PLACE OF INJURY — At home, ferm, atreat, factory, office 5 City or Town, State) 286. PLACE OF INJURY — At home, ferm, atreat, factory, office 5 City or Town, State) 287. LOCATION (Street and Number or Rural Route No. City or Town, State) 288. PLACE OF INJURY — At home, ferm, atreat, factory, office 5 City or Town, State) 289. CERTIFIER (Check only one) 290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and investigation.										ne rromber,				
29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es stated.														
2	and and	EXAMINER: Dn the b											and manner e	s stated.
	29b. SIGNATURE AND TITLE OF		200				7	29c. LICENSE NUN					Vonth, Day, You	
BE		At	3000	- N	10		1	D-30	75	74.	<b>P</b> 9	119/	7.5	/
2	30. NAME AND ADDRESS OF PER	RSON WHD COMPLE	TED CAUSE DE	DEATH (ITF	27) (Time	Print)		v 20	, ,	I	A	-		
	MALIKA WA	ASEEM	MD , 10	00.N	. 15	ROAD	DA	4. BA	LTII	MORE	MD.	- 2	1231	•
	SFP2 0 1995		EGISTRAR'S SI	GNATURE										



DIVISION OF VITAL RECORDS, P.O. BOX 68760

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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CI	ERTIFICATE	O	F DEAT	Ή		REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MEN	TAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH			3. TIME OF DEATH			
	ALICE (	CLARA POR	CHE				eptember		995	8:20 A. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IDER 1 YEAR	IF UNDER 24 HRS.	7. D	ATE OF BIRTH Month, Day Year)			PLACE (State or Foreign			
	027-22-3776  9a. FACILITY NAME (If not institution, give str	1 D M 2 K F 94	Mass										
H.	Good Samaritan				nce Cit			9c. COUN		ATH			
S.	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	True True				У		I N/A					
L DIRECTOR	Maryland	N/A	10c. CITY, TOV	- 10	Baltin	nor	e City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL		Erdman Avenue		101	ZIP CODE	212	18		Og. CITIZEN OF WHAT COUNTRY? United States				
5	11. MARITAL STATUS	ARMED		ENDENT OF HISPAN			or No-	14. RACE	— American Indian, White, atc.				
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES 2	340		cify Cuban, Maxica 2 X NO Specif		rto Rican, etc.)	İ	Specify	White			
	15. DECEDENT'S EDUC	ATION 16a.	DECEDENT'S USUA	L OCCUPATIO	N	-	16b. KIND OF BUS	INESS/INDU					
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of work do life. Do NOT use retire	id.)	st of working		_						
MP	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
B													
5	Barbara Banach		2100 Er				timore, N		2121	8			
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove	val from State cometery,	E AND DATE OF DIS	ice)	- 1	1	- 1	CATION — C					
	4 Donation 5 Other (Specify) Parkwood Cemetery 9/22/95 Baltimore Maryland												
	23. PART I. Enter the diseases or co	implications that caused the	death. Do not en	tar the mo	da of dying, suc	h aa c	cardiac or reapir	ratory arre	at,	Approximata			
	Interval Batween  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.   Abull Type Caudial Graphics  a.   Abull Type Caudial Graphics  a.   Abull Type Caudial Graphics  b.   Abull Type Caudial Graphics  condition resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF)												
ON	Sequentially list conditions, If any, leading to immediate  b. A Themas elever Cardio Vas elever displace  Due to (or as a consequence of):												
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	Osteo as	rettou	lis	•								
E	that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF):	-10									
CERTIFICATION	d.	1098	your	ex	l								
AL (	PART II. Other algnificant conditions		t resulting in the	underlying	cause given in	Part I				WERE AUTOPSY FINDINGS			
DIC	Demen	ha					PERFORI			AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC				- 4						1 TYES 2 NO			
AN	DID TOBACCO USE CONTRI				UNCERTAIN ر	۷ <u>–</u>							
Sici	EXAMINER?	HOSPITAL:	ACE OF DEATH (Che	IER:									
H	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY	28b. TIME OF	Nursing Home	8 Residence		Other (Specify) DESCRIBE HOW IN	LIURY OCCI	IRED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOI					MED				
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street,	factory, office		281. L	LOCATION (Street ar	nd Number o	r Rural Ro	oute Number,			
COMPLETED	4 Homicide determined												
APL.	29a. CERTIFIER (Check only one)	AN: To the best of my knowledge,	death occurred at th	na time, data	and place, and due	to the	cause(a) and meni	ner aa stated	ś.				
Ö	2   MEDICAL EXAMINER:	On the basis of examination end/o	or Investigation, in m	ny opinion, de	ath occured at the	time, d	data and place, and						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	mipan	even	29c. LICENSE NUMBER  D 3066 ( September 9						Month, Day, Youth			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (1)	TEM 27) (Type, Print)										
	Sireesh Tripura	aneni, M.D.	670 The	Alame	da								
	SEP 2 0 1995 July	32. REGISTRAR'S SIGNATURE			-								
	SE. 2 0.000												

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY FUNERAL DIRECTO	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 val.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAR		CERTIF	ICALE	OF DEATH	REG. I	NO.				
1. DECEDENT'S NAME (First, Middle, Lest)  MARGARET	Tharinger	P	NAMTO	/	2. DATE OF DEATH	14 199	YEAR	3. TIME OF DEATH 12:25 am		
4. SOCIAL SECURITY NUMBER 391-01-7959	5. SEX 6. A	NGE (In yrs. last birthday) 89 YRS.		EAR IF UNDER 24 HRS AVS HOURS MIN	WA	1906	a. BIRTHE	LACE (State or Foreign		
90. FACILITY NAME (If not institution, give Saint Joseph Me	street and number)			TOWSON, M	OEATH	9c. COUN	Baltin	ATH		
RESIDENCE OF DECEDENT										
MD Bal	r timore	10c. CI		10d. INSIDE CITY LIMITS?  1 YES 2 X NO						
100. STREET AND NUMBER 801 Winters La			atonsv	101. ZIP CODE 212	28			HAT COUNTRY?		
							0011			
11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR C	ES 2 NO	If ye	s, specify Cuben, Mex	CENDENT OF HISPANIC ORIGIN? (Specify to pecify Cuban, Mexicen, Puerto Ricen, etc.) S 2 (TriNO Specify:			- American Indien, White, etc. :: White		
15. DECEDENT'S EDI		16e. DECEDENT'S	USUAL OCCL	IPATION	16b. KIND OF	BUSINESS/INDI				
(Specify only highest grad	College (1-4 or 5+)		work done duri ise retired.) maker	ng most of working		Home				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Maid	den Sumeme)				
Herman Tharing	er			Mary	Pederson					
19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (S		al Route Number, City or	Town, State, Zip	Code)			
Jacqueline Sube	r			ss Keys R		imore,		21210		
200. METHOD OF DISPOSITION		206. PLACE AND DATE connectory or Chesapeak	OF DISPOSITIO	N (Name of		LOCATION C				
1 Donation 8 Other (Specify)		Beltsville, MD								
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAI St	erling As	hton Funer	al Hom	e			
IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, it sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR a	AS A CONSEQUENCE O	PF):					Onset and Dec		
CAUSE (Disease or injury that initiated events resulting in death) LAST	d	AS A CONSEQUENCE O								
PART II. Other algoriticant condition CHRONIC RENAL ALZHEMER'S DIS	FALURE				PERI	AN AUTOPSY FORMED?		NERE AUTOPSY FINDING INVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH Y	ES NC	UNCERTA	IN 🗆					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOPPITAL:	26. PLACE OF DEA	OTHER:		e 8 🗆 Other (Specify)					
27. MANNER OF OEATH  1 Retural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye		IE OF 28	: INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCI	URED			
3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, Specify)	street, factory,	office	28f. LOCATION (Stre City or Town, Str	et and Number o	or Aural Ao	ute Number,		
29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.										
296. SIGNATURE AND TITLE OF CENTIFIE	-sen	~ 0	the	29c. LICENSE N		29d. DATE	SIGNEO (	Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WE BOON P. LIM, MD	7620 YORK I	NOT DAOF	VSON. I	WARYLAND	21204					
SEP2 0 199	5 Jan Jan	GNATURE								

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Toward Maryand Bearing

CHROND BENAL FALURE A. ZHEMERS DOEASE

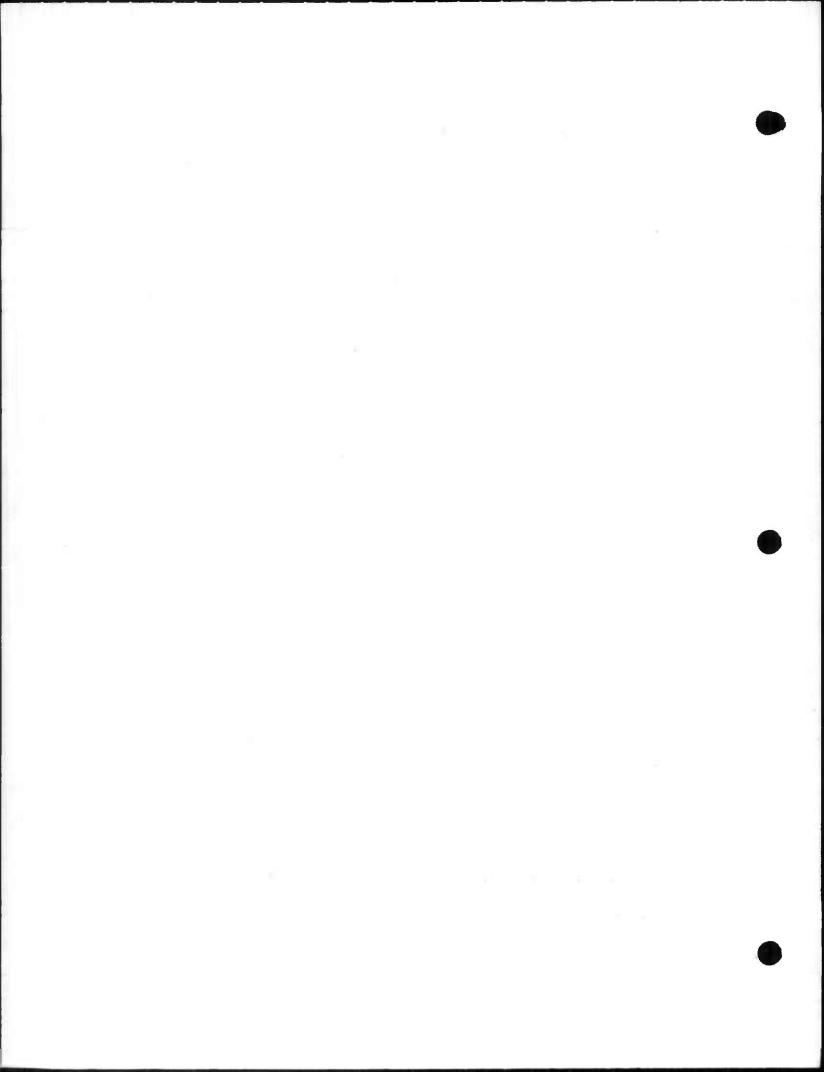
485°6 C

BOON F LIM, NO 7820 YORK FOAD TOWSON MARYLAND E1204

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

		FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND /	DEPAR	MENT OF	HEALTH AND	MEN1	AL HYGIEN					
	- 8	1. DECEDENT'S NAME (First, Middle, Last)							TE OF DEATH			3. TIME OF DEATH		
		HAROLD WILLIAM	POWELL JI	₹.				34	) tember	16 19	95	10,25 A m		
	Į,	4. SOCIAL SECURITY NUMBER		SE (in yrs. les		IF UNDER 1 YE		7. DA	TE OF BIRTH orth, Day, Year)		a. BIRTH	IPLACE (State or Foreign		
- 1		579-38-5946	1XXM 2 □ F	65	YRS.			3/	/11/30			Jersey		
	.	9a. FACILITY NAME (If not institution, give st					N OR LOCATION OF	DEATH			NTY OF D			
	DIRECTOR	Stella Maris Hos	pice				Towson			В	Baltı	more		
	É	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY		
	ā	Maryland N/A			Ba	ltimor	e City				LIMITS?			
	A	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?		
	FUNERAL	5700 The Alamada	Apt. B				21239				USA	A		
	2	11. MARITAL STATUS  1 Never Married 2 X Merried	12. WAS DECEDENT EVE FORCES? 1 V			13. WAS	SPECENDENT OF HISI specify Cuban, Mex	PANIC ORI	GIN? (Specify Ye	s or No-	14. RACI	E — American Indian, k, White, etc.		
	2	3 Widowed 4 Divorced	IF YES, DIVE WAR OF	R DATES		10	ES 2 NO Spe	icffy:	, , , , , , , , , , , , , , , , , , , ,		Spec			
	<u> </u>	15. DECEDENT'S EDUC	Korear Korear	1	CEDENT'S (	ISUAL OCCUP	ATION	1	6b. KIND OF BU	SINESS/IND		MITCE		
	COMPLETED	(Specify only highest grade : Elementsry/Secondary (0-12)	College (1-4 or 5+)	(Gr	ve kind of w Do NOT use	ork done during retired.)	most of working							
ගේ	7	12th Grade		Sec	urit	y Supe	rvisor		St.	Agne	s Ho	spital		
Onc	5	17. FATHER'S NAME (First, Middle, Last)							t, Middle, Melden					
ed at	H H	Harold W. Powel	1, Sr.						E. Davi					
	2	190. INFORMANT'S NAME (Type/Print) Christine Powell		198			et end Number or Rur lamada i	Apt.		n, State, Zip timor		ID 21239		
st pe	İ	20e. METHOD OF DISPOSITION 1X Burlel 2 □ Cremation 3 □ Remo			NDDATEO	DISPOSITION				CATION -				
Ē		4 Donation 5 Other (Specify)		Park		Cemet		9/19	9/95 B	altim	ore,	MD		
틭		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Parkwood Cemetery 9/19/9\$ Baltimore, MD  22. NAME AND ADDRESS OF FACILITY  Johnson Funeral Home												
		8521 Lock Payon Plyd Toyson MD 21296												
edica		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximata interval Between												
E		IMMEDIATE CAUSE (Final Onset and Death												
Ę.		disease or condition resulting in death)  a. Panare atw Canal 3 month  DUE TO (OR AS A CONSEQUENCE OF):												
other traumatic event, the medical			DUE TO (OR A	S A CONSEO	UENCE OF)	•								
Tage 1	HILICALION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQ	UENCE OF)	:								
tra	3	cause. Enter UNDERLYING CAUSE (Disease or injury												
other i		that initiated eventa	DUE TO (OR A	S A CONSEO	UENCE OF)	:								
5 5	u #	resulting in deeth) LAST	i											
흴.	١٢	PART II. Other significent conditions	contributing to desti	but not re	eaulting in	the Underl	ing cause given	In Part i.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS		
Dec 1	3								PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
g i	ME								1 TYES	X		OF DEATH?		
(n)	ااغ	DID TOBACCO USE CONTR	IBUTE TO CAUSE	OF DEAT	TH YES	□ NO	UNCERTA	NIN X						
N 4	e II	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACI	-	Check only o	ne)							
5 5		1 TYES 2 NO	1 Inpatient 2 ER/O	ulpatient 3		OTHER:	ome 5 - Residenc	• 6 X Ot	her (Specify)	OSPIC	Œ			
marked,	3	27. MANNER OF OEATH  1 Natural 5 Pending	28s. OATE OF INJUF (Month, Day, Yea		28b. TIME INJU	RY	NJURY AT WORK?	28d. D	ESCRIBE HOW I	NJURY OCC	CUREO			
	- 10	2 Accident Investigation 3 Suicide	28s. PLACE OF INJU	IDV At hos	- tt		YES 2 NO	1						
28 is	u i	4 Homicide 8 Could not be	building, etc. (S	pecify)	iro, rorrit, at	eet, rectory, c	TREE	281. [0	CATION (Street ) ty or Town, Stete)	and Number	or Runal F	loute Number,		
		29e. CERTIFIER (Check only	IAN: To the best of my kn	owiedge, das	th occurred	at the time, o	ate end place, and d	us to the c	euse(s) and me	nner ee state	ed.			
IMPORTANT: If Item 2		one) 2 MEDICAL EXAMINER										) end menner se stated.		
		290. SIGNATURE AND TITLE OF CERTIFIED	2.01				29c, LICENSE N	UMBER				(Month, Day, Year)		
E E		renease ist		em			D251	043	>	▶ 4.	-16-	95		
		DR. KENDALL FAUL					מסושים	N M	D 21204					
	ŀ		A PREGISTRARY	GINTINE COLICIAN	OT AL	ا تسبید	D. TONDO	TA L T.T	21204	•				
		31 SEP 2 1995 Jul	TA STRUCTURE	241-0										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICALE O	F DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)	01-1-	DAVIDE	APL			AY AT A	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	NEY 5. SEX 6. AG			7	SEPT.	1.1 2	5 10-1				
	212-03-5493	1 1 M 2   F   8	E (In yrz. lest birthday)  YRS.	MONTHS DAY		MAY 27,19	12	BIRTHPLACE (State or Fareign Country) MARYLAND				
	Se. FACILITY NAME (If not institution, give str	set end number)		9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNTY					
OR	NORTHWEST HOSPITAL	CENTER		RAN	DALLSTOW	1	BALTIMORE					
<u>[</u> [	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		100 00	TY, TOWN OR LO	2471041							
DIRECTOR	MARYLAND	N/A	NOC. CI	BALTIMO			10d. INSIDE CITY LIMITS? 1 XYES 2 NO					
A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
E	7121 PARK HEIGHTS	AVE, APT.	605		21215		USA					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,				
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			epecify Cuben, Mexic ES 2 NO Speci	en, Puerto Rican, atc.)		Specify: WHITE				
9	15. DECEDENT'S EDUC	16b. KIND OF BUS	SINESS/INDUST	RY								
Ë	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Lest)  SAMUEL  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working like. Do NOT use retired.)  16c. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. MOTHER'S NAME (First, Middle, Mailden Surname)  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUSTRY  16c. KIND OF BUSINESS/INDUST											
Σ												
8												
B	SAMUEL		COHEN									
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow						
	MRS. EVA. P. RAPKI							MORE, MD 21215				
	20e. METHOD OF DISPOSITION  1 [XBurlal 2   Cremation 3   Removal from State  4   Denation 5   Other (Specify)   Date   20c. LOCATION - City or Town, State  ARLINGTON-CHIZUK AMUNO - 9-18-1995-BALTIMORE, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.											
	Toe	1)0	The war	6010	REISTERS	STOWN ROAD	BALTIM	ORE, MD 21215				
	23. PART I. Enter in a beanen, or co ahock, or hann fellure. L IMMEDIATE CAUSE (Final disease or condition	ist only one cause on	each line.					Interval Between				
	resulting in death) a.	DUE TO (OR AS	A CONSEQUENCE O	rf.	MAIAL	INTAN	ctus	1 TWEEK				
NO	Sequentially list conditions, b.	OUE TO OR AS	A CONSEQUENCE O	E).								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUL TO (ON AL	A CONSEQUENCE O	rj.								
Ē	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE O	F):								
E	resulting in death) LAST											
	PART II. Other aignificant conditions	contributing to death	but not resulting	In the underly	las cause alves la	Part I. 24e. WAS AN	ALFTORNA					
DICAL		LETUTE	The Less	-	ON DETUNE	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
ED	PARRINSON			1	Si Co Co Ore	LUGIR YES 2	Ø NO	OF DEATH?				
Σ	DID TOBACCO USE CONTRI	DITTE TO CAUCE	OF DEATH V	OH 🗖 27	T IN ICEDIAL			1 YES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL	IBUTE TO CAUSE	28. PLACE OF DEA			N L						
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:		- 6/2						
H H	27. MANNER OF DEATH	28e. DATE OF INJURY			ome 5 Residence	6 ☐ Other (Specify)  28d. OESCRIBE HOW IF	HIRV COCUM					
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY	YORK?	N. A	)					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUS	tY — At home, ferm,	street, factory, of	lice	281. LOCATION (Street a	and Number or A	Jural Route Number,				
ETED	4 Homicide determined	building, etc. (Sp	NeA			City or Town, State						
COMPLET	29a. CERTIFIER (Check only	AN: To the best of my kno	wledge, death occurr	ed at the time, di	de end place, and due	to the cause(e) and man	ner se stated.					
O								use(s) end manner as stated.				
ш	296. SIGNATURE AND TUTLE OF CERTIFIER	0	-		29c. NCENSE NU			INED (Month, Day, Year)				
	& Kes	15	my	(	1 19	502	> Sor.	T. 17 1995				
٩	30. NAME AND AGORESS OF PERSON WHO	COMPLETEO CAUSE OF E	EATH (ITEM 27) (Type	, Print)	MONT	7,19	4001	174 6717				
	ORMANDO B	(Quy,	NAW K	6	PANDA	uctown	Med	2/133				
	SEP2 01995	Ali d'unior	Karlell									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEDAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR 1 -

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN		01	-14111	OAIL	. 01			Pil	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED CHR	ISTINE RO	OBINSON						2. DATE OF D MONTH Sept.	DEATH DAY	1995	YEAR	3. TIME OF DEA	ти Р м	
	4. SOCIAL SECURITY NUMBER 232-01-6058	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF B	URTN			PLACE (State or I	-	
Œ	96. FACILITY NAME (If not institution, give: St. Agnes Hospita	street and number)			9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUN							Y OF DI			
2	RESIDENCE OF DECEDENT				-										
E E	10s. STATE 10b. COUNT	10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CIT	Υ			
DIRECTOR		ltimore			Arbu						1 XYES 2 NO				
₹	10e. STREET AND NUMBER				101	ZIP COD						HAT COUNTRY?	_		
	5637 Sulfer Road				212	27				USA					
BY FUNERAL	11. MARITAL STATUS     1	FORCES?	NT EVER IN U.S. AR I YES 2000 WAR OR DATES		1 ☐ YES 2-☑ NO Specify: S							Specif	- American ind , Whits, etc. by: nite	llen,	
	45 DECEDENTIA EDI	I CATION	140- 25						40. 600	- OF DIVO			IIte		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		CEDENT'S live kind of v Do NOT us	vork done a			ng	16b, KIN	D OF BUS	INESS/INDU	STHY				
91	Elementary/Secondary (0-12)	College (1-4 or 5	+)								-				
₹ I	12			Secre	etary	7				lerio					
8	17. FATHER'S NAME (First, Middle, Leet)								ME (First, Middle	le, Maiden S	Surneme)				
BE	Anthony Fragle							ary					-		
10	198. INFORMANT'S NAME (Type/Print) Clifton Robinson								noute Number, C utus, I			Code)			
	28e. METHOD OF DISPOSITION 1	novel from Stats	20b. PLACE cemetery, cre Chesa	AND DATE	of DISPOS (her place)	mat	ome of		9/20	20c. LOCATION — City or Town, State Beltsville, Md.					
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0				ND ADDRE	SS OF FA							
	· Puter 2	dal.	ter ma	Bradley-Ashton Funeral Home 2134 Willow Spring Rd. Dundalk, Md.								MA 21	222		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest,  Approximate														
	ahaat as haast fallura. I tot asharma acusa an aash thac														
1	disease or condition_ (FCI ID PERCE (N) DIMETRIAL (ANCERS ID MONTH														
	disease or condition a. IECURRENT CND019E7101HC CHARET 10 HONTH														
=	DUE TO (OR AS A CONSEQUENCE OF):  Shall Roself Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved Reserved R														
8	Sequentially list conditions,	b. OUE TO	O OR AS A CONSE	OUENCE O	Fi:		, , , ,	000	21101	<i>V</i>			7	771713	
CERTIFICATION	If any, leading to immediate														
음	CAUSE (Disease or Injury														
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST														
5	dd.														
	PART II. Other aignificant conditio	ns contributing to	death but not	reaulting	In the un	derlyin	g cause	given in	Part i. 244				WERE AUTOPSY		
EDICAL										PERFOR			COMPLETION DE		
									-   ''	YES 2	X NO		OF DEATH?		
Σ	DID TODA GGO HEE GOALD	DIDLITE TO C	ALICE OF DEA	TII \		10.5	11111	CERTAIN					1   YES 2	NO	
Z	DID TOBACCO USE CONT	KIBUIE 10 C				NO Z	S. UNG	CERTAI	1 🗆						
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLA	CE OF DEA	OTHER										
YSI	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpetient :	3 🗆 DOA			10 6 R	esidence	6 Other (Sp	pecify)					
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26a. DATE O (Month,	PE INJURY Day, Year)	28b. TIN	IE OF JURY M	WC	JURY AT ORK? YES 2 [	□ NO	28d. DEŞCRI	BE HOW I	NJURY OCC	URED			
COMPLETED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE building	OF INJURY — At he j, etc. (Specify)	ome, farm,	street, fact	ory, offic	:e		261. LOCATIO City or To	ON (Street s own, State)	nd Number	or Rural I	Route Number,		
<u>-</u>	29s. CERTIFIER	CHARLES FOR									A Second Second	_			
4P	(Check only	SICIAN: To the best of													
ō	2 MEDICAL EXAMIN	ER: On the besis of	sxamination and/or	Investigation	on, in my o	opinion, o	death occu	red at the	time, date and	i place, sn	d dus to the	csuse(s	s) and manner as	stated.	
BE	296. URE AND TITLE OF GERTIFIE	cerra, n	n ATTE	GNOIN	GIBL	/	29c. LIC	ENSE NUI	HBER 74		29d. DATE	SIGNED	(Month, Day, Year	7	
5	30. NAME AND ADDRESS OF GERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, 1974)  TO SEPH DUSCETTA, MID 900 (AFTON AVENUE, BALTIMONE MO 21239														
	JOSEPH LUS	-=17/4, /	111) /	W(	141		100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10	76/1	, , ,,,,,,	100	0 0-20	- /	
	SEP8_0 199	5 Juli	AR'S SIGNATURE	della											

. 

STATE OF MARYLAND / DEPARTMENT OF CERTIFICATE O	
(First, Middle, Lest)	2. DATE OF DEATH MONTH DAY YEAR

_	1 - FOR STATE REGISTRAR		PARTMENT OF HEALTH AN	D MENTAL HYGIENE REG. NO.	
	DECEDENT'S NAME (First, Middle, Last)     A. SOCIAL SECURITY NUMBER     S. S.	ext Roge  8. AGE (In yrs. lost birth	ers	2. DATE OF DEATH DAY SEPT. 7	95 3. TIME OF DEATH
pino	000 110	M 2 - F 61 YF	dey) IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI  9b. CITY, TOWN OR LOCATION O	N. (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) NORTH CAROLI
1, 2, 3 should	BALTO. VA. MEDICA		BALTO. CI		N/A
permit. Pages 1, 2, 3  AL DIRECTOR	MARYLAND 10b. COUNTY		BALTO. CI	TY	10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
Insit perm	740 N. LINWOOD	AVE.	10f. ZIP CODE 21	205	U.S.A.
the bunal-transit	1 Never Merriad 2 Merriad	WAS DECEDENT EVER IN U.S. ARMED ORCES? Y YES 2 NO FYES, GIVE WAR OR DATES	If yes, specify Cuben, Me	SPANIC ORIGIN? (Specify Yee or Ne- oxican, Puerto Rican, etc.) Decify:	14. RACE — American Indian, Black, White, etc. Specify BLACK
for use as		eted) 18e. OECEDE (Give kin life. Do N	NT'S USUAL OCCUPATION d of work done during most of working OT use refired.)	16b. KIND OF BUSINESS	
at once.	11TH 17. FATHER'S NAME (First, Middle, Last) WILL ROGERS	N/A DI		N/A  NAME (First, Middle, Maiden Surnam CE EATON	10)
notified TO BE	19a. INFORMANT'S NAME (Type/Print)  CHERYL ROGERS		LING ADDRESS (Street end Number or R	ural Route Number, City or Town, State,	, Zip Code) MD. 21205
examiner must be	20a METHOD OF DISPOSITION 1 Dispurse 2 Cremetion 3 Removal ft 4 Donation 5 Other (Specify) 21. AIGNATURE OF FUNERAL SERVICE LICENSE	20b. PLACE AND D cemetery, cremetory BALTO.	ATE OF DISPOSITION (Name of yor other place) CEM. SEPT.	DATE 20c. LOCATION 22 1995 BA	I — City or Town, State
attending physician and completely med in by the rational Hygiene prior to burial, cremation, or removal ry, or other traumatic event, the medical CERTIFICATION	ahock, or heart feliure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		Uitus	<i>t</i>	Interval Between Onset and Death
hows any Injury MEDICAL	PART II. Other aignificant conditions cor			PERFORMED?	AMILABLE PRIOR TO
with the State Dept. ced, or item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	28. PLACE OF DEATH	(Check only one)	1
with or	27. MANNER OF OEATH  1 Natural 5 Pending	Inpetient 2 ER/Outpetient 3 DC 28e. DATE OF INJURY (Month, Dey, Year)	DA   4   Nursing Home   5   Resider	28d. DESCRIBE HOW INJURY	OCCURED
E is de la	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home, fe building, atc. (Specify)		281. LOCATION (Street end Nun City or Town, State)	mber or Rural Route Number,
K = 5			curred at the time, data end place, end gation, in my opinion, death occured at		
be filed within IMPORTANT.  TO BE CO	296. SIGNATURE AND WILE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COM	homo	29c, LICENSE	NUMBER 29d. 1	P-17-95
5	Christian M. Fi	1	S. Greene St.	Baltimore M	10 21201

Pages 1, 2, 3 should

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN DANIEL W. STARR SEPTEMBER 18,1995 9:20 P 4. SOCIAL SECURITY NUMBER 215-28-5375 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTNPLACE (State or Foreign Month, Day, Ybar)
Aug. 6,1922 1 MM 2 TF MONTHS DAYS HOURS Nebraska Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Reisterstown 1 YES 2 NO 10a STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 803 Greenview Ct. 21136 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WW II 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto R

1 YES 24 NO Specify: 1 Never Married 2 Married Specify: White 3 🕅 Widowed 4 🗌 Divorced 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest gre (Give kind of work done during me life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Manager Sears 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Vernon Simons Katherine Hinespetter 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Glenn A. Starr 112 Northway Rd., Reisterstown, Md. 21136 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Druid Ridge Cem. Sept. 21,1995 Pikesville, Md. ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FI EBAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 21117 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Owinge Mille Approximata shock, or heart failure. List only one ceuse on sech line. Interval Batwe IMMEDIATE CAUSE (Final Onset and Death disease or condition_ Ilm HOOL resulting in death) DUE TO (OH AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

DID TOBACCO USE C				nderlying ceuse given in	_	24E. WAS AN AUTOPSY PERFORMED? 1 YES 25 NO	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MED			OF DEATH (Check		.,		
EXAMINER?	HOSPITAL:	ER/Outpetlant 3	DOA 4 Nu	R: rsing Home 5 - Residence	8 🗆 Othe	er (Specify)	
27. MANNER OF DEATN  Netural 5 Pendir  Accident Invest	28e. DATE OF (Month, E		28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DES	SCRIBE NOW INJURY OCCU	RED
3 Substate	not be building.	28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					

29c. LICENSE NUMBER

3092

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) SEP2 0 1995

OEL AND,

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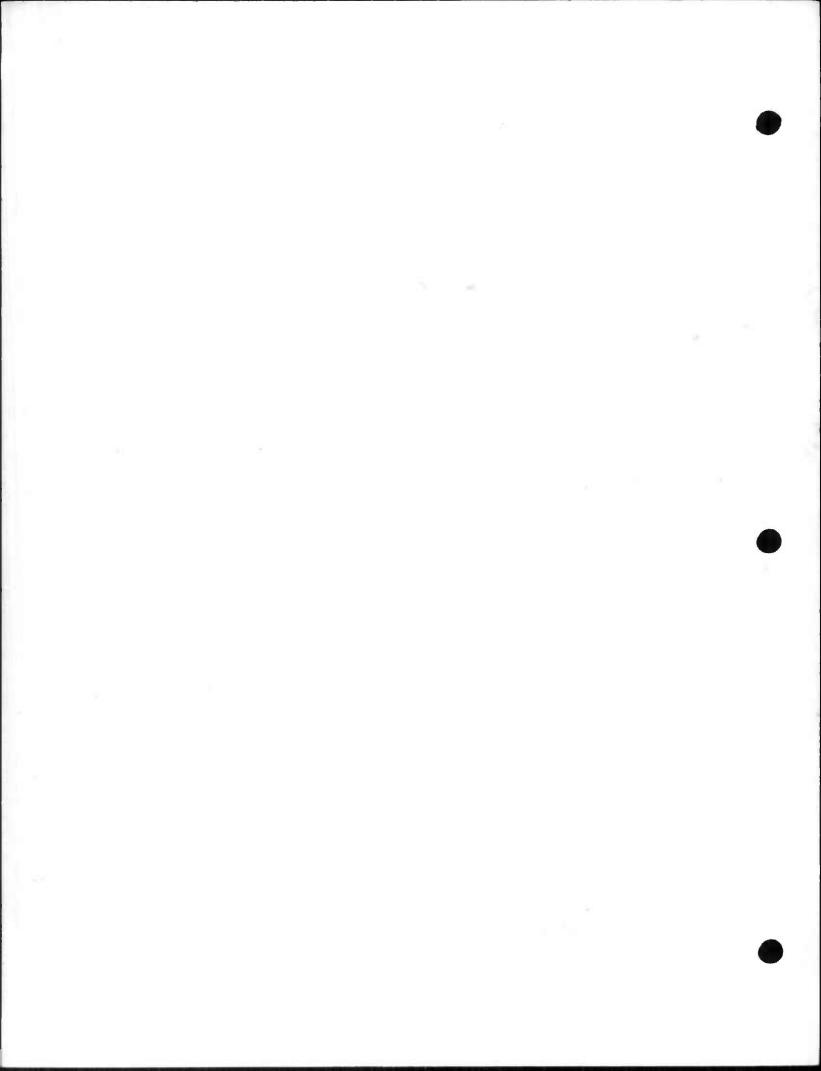
DIVISION OF VITAL RECORDS, P.O. BOX 68760

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OR A	DIRE	hours	item
PITAL	ERAL	in 72	III: II
E HOS	E FUN	d with	RTAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Froms after death. Page 6 may be retained by the hospital or attendi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	-		

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAR		
	Homer Thomas Sle		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Sept. 14,1		2:35 A M	
		SEX 6. AGE (		(Month, Day, Year)	Cou	ntry)			
	401-28-9949 11 9a. FACILITY NAME (# not institution, give street	21	70 YRS.	9b. CITY, TOWN C	R LOCATION OF DE	Jan.2,192	25 Kentucky 9c. COUNTY OF DEATH		
DIRECTOR	4313 Arizona Avenue		Baltin	nore City	7	N/A			
	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY	
5	Maryland N/A		Ra	ltimore	City			LIMITS?	
	10e. STREET AND NUMBER		, Du		ZIP CODE		10a, CITIZEN OF	WHAT COUNTRY?	
FUNERAL	4313 Arizona Av	70mile			21206				
Z I		WAS DECEDENT EVER IN	II S ARMED	13 WAS DEC		IIC ORIGIN? (Specify Yea	U.S.A	CE - American Indian,	
		FORCES? 1 YES	2 NO	If yes, sp	ecity Cuban, Maxica	n, Puerto Rican, atc.)	Bid	ck, White, etc.	
BY	3 Widowed 4 Differed	W W II	IES	1   YES	2 X NO Specify	r:	Sp	White	
0	15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S	USUAL OCCUPATION	ON.	166, KIND OF BUS	SINESS/INDUSTRY		
	(Specify only highest grade com Elementary/Secondary (0-12) Co	pleted) ollege (1-4 or 5+)	(Give kind of w	ork done during mo retired.)	st of working	06.700.1100.			
2	9th Grade	sinege (1-4 or 5+)	Longe	horeman		Carper	torte	Union	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Bollgs	HOTEMAN	18. MOTHER'S NA	ME (First, Middle, Malden		Onion	
Ö	Homer Thomas Slemp	o Cr			Cleo	Unknown			
BE	190. INFORMANT'S NAME (Type/Print)	, SI.	185 MAII INC	ADDRESS (Street		Noute Number, City or Town		en	
2								1 01006	
	Helen Cleo Slemp					Baltimore			
	17 Burial 2 Cremation 3 Ramoval 4 Donation 6 Other (Specify)	from Stata Cem	PLACE AND DATE Of the story or of a rkwood	F DISPOSITION (Na her place)	me of	1	CATION — City or		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENS		arkwood				Baltimo	re, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  6415 Belair Road  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  6415 Belair Road								
	Dathlein 1	1. Muys	hu/	John	C. Mille	er, Inc. Ba	1timore	Maryland 21206	
	23. PART L mer the disessa, or com	plications that dused	the death. Do n	ot enter tha mo	ds of dying, suc	h ss cerdiec or reapl	ratory srrest,	Approximats	
	shock, or heart fallura. List IMMEDIATE CAUSE (Final	only one cause on a	acif iins.	,		2	^	Onset and Death	
	disease or condition realiting in death)  a. Chronic Obstructive Pulmonomy 1) is easily								
- 1	ivaciting in double,	DUE TO (OR AS A	CONSEQUENCE OF	):			)	2.1	
z	Convertibility Het and delen								
은	if any, leading to immediate								
3	CAUSE (Disease or Injury	Khen	matuic	& Arth	vitis 1	lodulos	is	UVS	
E	that initiated eventa	OUE TO (OR AS A	CONSEQUENCE OF	):					
CERTIFICATION	resulting in death) LAST	Rheu	matoio	1 110	thriti	5			
	PART II. Other eignificant conditions co	ontributing to death h	ut not resulting l	n the underlyle	a causa aluma la	Part i. 24s. WAS AN	autroney I a	4b. WERE AUTOPSY FINDINGS	
¥		vid Vaso		ii the unuarryiii		PERFOR	IMED?	AVAILABLE PRIOR TO	
ă			ULITE	H	pect	CNS /1/ JUNES 2	NO	OMPLETION OF CAUSE OF DEATH?	
Σ	Rheum		rthriti		- 0			1  YES 2  NO	
ž l	DID TOBACCO USE CONTRIB			S NO [	] UNCERTAI	N 🗆 📗			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEAT	'H (Check only one) OTHER:					
XS	1 YES 2 10 NO 1	☐ Inpetiant 2 ☐ ER/Outp	atient 3 DOA	4 - Nursing Hon	e 5 Healdenca	6 Other (Specify)			
H	27. MANNER OF OEATH  1 Tetural 5 Pending	(Month, Day, Year)	28b. TIMI		URY AT PRK?	28d. DESCRIBE HOW I	NJURY OCCURED		
BY	2 Accident Investigation				YES 2 NO				
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, s	treet, factory, offic		26f, LOCATION (Street a City or Town, State)		I Route Number,	
	4   Hornicide   Determined								
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the beet of my know	edge, death occum	d at the time, date	and place, and due	to the cause(a) and mer	ner se stated.		
COMPLET	MEOICAL EXAMINER: C	n the basis of exemination	n and/or investigatio	n, in my opinion, o	leath occured at the	time, data and placa, an	d due to the caus	e(a) and manner as stated.	
E C	296. SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)	
@	\Cent &	A em			N163	195	D 9/1	9/9~	
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)	740	, , )	-//	(//)	
	Stephen	WGeor	ge uns	390	00 NO	charles	57.5	+104	
31. DATE FILED (Month, Day 1881)  2. REGISTRAR'S SIGNATURE  2. REGISTRAR'S SIGNATURE									

15-002	ALC: N	界	2	1
O. BOX 68760 BALTIMORE, MARYLAND ZI 25-002	certificate be executed within 24 hours after death. Page 6 may be retained by the housean of appropriate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be directored by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by the attended by th	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or	

		FOR STATE REGISTRAR	STATE OF N	SARYLAND /	DEPAR	RTMENT OF	HEALTH AN	D MENT	AL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last) ERIC DORIAN	SCHAEFER	}				2. DAT MON Sept	e of Death the Death Cember 16	ŝ, 1995 [*]	3. TIME OF DEATH 11:17 P. M
		4. SOCIAL SECURITY NUMBER 216-13-1861	5. SEX 1 (X) M 2 (1) F	6. AGE (In yrs. les 25	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	S. 7 DATE	NTE OF BIRTH 8. BIRTHPLACE (State or Foreign North, Day, 1997) Maryland			
2	E CH	OO. FACILITY NAME (If not inetitation, give str Liberty Hospital RESIDENCE OF DECEMENT	reet and number)				on Location of more City			9c. COUNTY	OF DEATH
71010	Liberty Hospital  RESIDENCE OF DECEDENT  10a. STATE  Maryland  N/a  Baltimore City  n/a  Baltimore City  Toc. CITY, TOWN OR LOCATION  Baltimore City									10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	Too. STREET AND NUMBER 101. ZIP CODE 10g. CITI								10g. CITIZEN	OF WHAT COUNTRY?	
18	5	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT FORCES? 12 IF YES, GIVE W	YES 2 K	10	If yes, s	CENDENT OF HIS pecify Cuben, Me			or No — 14.	RACE — American Indian, Black, White, etc. Specify: White
1		15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  Coffege (1-4 or 5 +	16a. DE (Gi	CEDENT'S	USUAL OCCUPATIVOR done during not retired.)	ON ost of working		b. KIND OF BUS	311231133334	
COMBI	00	17. FATHER'S NAME (First, Middle, Lest) Donian A. Schaefen		111	i ei igi	1001	18. MOTHER'S		Middle, Meiden		re bepar uneric
TO BE		190. INFORMANT'S NAME (Type/Print) Mrs. Tina M. Schaefen				ADDRESS (Street Lenmone A	and Number or Ru	ral Route Nur			
		20a. METHOD OF DISPOSITION 1		20b. PLACE	ND DATE	of disposition (h ther place) VICE Corpo	ame of	04	TE 20c. LO		or Town, State
		21. SIGNATURE OF FUNERAL MERIVICE LICE	Luck-	5	00.	22. NAME /	NO ADDRESS OF	FACILITY			
		23. PART I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	MULTIP	caused the dese on each line	ES		ode of dying, a	uch aa ca	rdiac or respi	ratory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	- Curriculous	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST		OR AS A CONSEC							
1		PART II. Other aignificent conditions	contributing to	death but not re	esulting	in the underlyli	g cause given	In Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC		DID TOBACCO USE CONTR	IBUTE TO CA			S NO E		AIN 🗆			1 KYES 2 NO
1VSIC		EXAMINER?	HOSPITAL: 1 Inpetient 2	ER/Outpatient 3	□ DOA	OTHER: 4   Nursing Ho	ne 5 🗆 Residen				
BY PH		1 Netural 5 Pending 2 Accident Investigation	9/16/95	y, Year)	11:16	P M 1XX	PURY AT DRK? YES 2 NO	ON SI	JBJECT WI	HILE FIG	™ALL COLLAPSED HTING FIRE
ETED	3 Suicide 6 XX Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  1 Monicide 6 XX Could not be determined determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  1 NDUSTRIAL									WILL INDUSTRIAL ARYLAND	
COMPLET		29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER									use(e) and manner se stated.
TO BE		296. SIGNATURE AND TITLE OF CENTIFIER	GR.	1			29c. LICENSE I				tember 17, 1995
F		30. NAME AND ADDRESS OF PERSON WHO David R. Fowler	111	Penn Stree	et Ba	altimore,	Maryland	21201			
		31. DATE FILED (SE P. 2010 1995	32 grantay	ASSIGNATION AND ASSISTANCE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	orball						



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR		CE	RTIF	CATE O	F DEATH	RE	EG. NO.			
		MARILY	'N	Su	ESTE	ER	2. DATE OF D MONTH SEVIE	M BER	18. 9	3.	TIME OF DEATH 4.30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	NGE (In yrs. las	t birthday)	IF UNDER 1 YEA		7. DATE OF B		8.8	IRTHPL	ACE (State or Foreign
	217-12-3692	1 🗆 M 2 💢 F		YRS.	MONTHS DAY	HOURS MIN.	March March	21, 1	924 °	T 1 1	inois
	9a. FACILITY NAME (If not institution, give st		9b. CITY, TOWN OR LOCATION OF DEATH					c. COUNTY			
DIRECTOR	Northwest Hospi	tal Center				ndallsto					nore
E I	10s. STATE 10b. COUNTY	1		10c. CITY	, TOWN OR LO	CATION				10	d. INSIDE CITY
		timore			N/A	V 25-80				1	LIMITS?
FUNERAL	100. STREET AND NUMBER 2914 North Rol	ling Road				10f. ZIP CODE 21244	4	-1		OF WHA	A.
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13. WAS E	ECENDENT OF HISPA	NIC ORIGIN? (Sp	ectfy Yes or	No- 14. F	RACE -	American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O		Ю	If yes,	apecify Cuban, Maxic ES 2 A HO Speci	an, Puerto Rican, fy:	etc.)		Specify:	white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUPA	TION	16b. KINE	OF BUSINE	ESS/IHDUSTI		VIII
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.			most of working					
MP	llth			Но	ousewif			n Hom			
	17. FATHER'S NAME (First, Middle, Lest)  Francis Stewa:	mt Milas				18. MOTHER'S H					
BE		rt Miles				Man	2	Bell			
2	19a. INFORMANT'S NAME (Type/Print)  Mr. Robert Sweit:	70r				et and Number or Rural					
	20a. METHOD OF DISPOSITION	261				ew Road				211	
	1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remo	ovet from State	cemetery, crei	matory or oth	F DISPOSITION ner place)				ION — City o		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	WOOd	ılawn	Cemet	ery AND ADDRESS OF FA	19/21	Wood	llawn,	Ma	ryland
1	Stephen	m Jo	n Les	is	Lori	ng Byers Liberty	Funeral				
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	omplications that car	used the de	ath. Do n	ot enter the r	node of dylng, suc	ch as cardiac o	or respirate	ory arrest,	,	Approximate
1	IMMEDIATE CAUSE (Finel disease or condition				DEA	20/	21,-				Onset and Death
	reaulting in death)	DUE TO (OR	AS A CONSEC	JENCE OF	KE D	RAL	DLEC				/ DAY
-	_	HUI	TER	TEA	1510	A 2					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		AS A COHSEC								
₹ I	ceuse. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR /	AS A CONSEC	UENCE OF	):						
E	reaulting in death) LAST	d									
	PART II. Other algolificant conditions	a contributing to dea	th hut not a	andtha ta	Abe condest.		no.				
EDICAL	CHRON9C 6	OBSTRUCT	TIVE	LUM	VG D	SEASE		WAS AN AUT	D?	AM	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION DF CAUSE
							_   ' '	YES 2	но		DEATH?
¥	DID TOBACCO USE CONTR	RIBUTE TO CAUSE	OF DEA	TH YES	NO NO	UNCERTAL	N $\square$		- 1	1	YES 2 HO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				(Check only or		.,				
Sic	EXAMINER?	HOSPITAL:	Outpatient 3		OTHER:	ome 5 - Residence	6 Other (Soe	c(fv)			
<b>₹</b>	27. MAHHER OF BEATH	28a. DATE OF INJU		28b. TIME	OF 28c. I	HJURY AT	28d. DESCRIBE		RY OCCURE	0	
BY F	1 Hetural 5 Pending investigation	(Month, Day, Ye	w/)	INJU		WORK? YES 2 HO					
	3 Suicide 6 Could not be	28e. PLACE OF IHJ building, atc. (	URY — At hor	ne, farm, st	reet, factory, of	fice	281. LOCATION	(Street and	Number or Ru	rel Route	Number,
COMPLETED	4 Homicide determined	Dationing, attack	Ориспу				City or Tow	n, State)			
ا ۾	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my k	nowledge, des	nth occurred	at the time, de	ta and place, and due	to the cause(s)	and menner	no stated		
2	one) 2 MEDICAL EXAMINER									se(s) an	d manner as stated.
	290. SIGNATURE AND TITLE OF CERTIFIER	11	1			29c. LICEHSE HU					
8	/1	Munch	Tull	N	1D.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					rith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (7 ₀ ps. i	Princi	VALIC	1		_50	-11	,18-15
	RAYNOLD T	DEPEST	TRE		NORT	HWEST	Host	PTA	66	EN	,18-95 ITER,
- 11	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	MATURE								

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ITEMS: 23 PART I, 27, PER MEO FILM G-728 10/27/95 t.t

ITEM: 1. PER F.H. FILM G-727 9/20/95 t.t

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CE	KIII	CATE	F DEAL	П	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) SHIRA	₩ BETHANY	(	SACI	HS			2. DATE OF DEATH BOTH SEPT. 12	Ž, 19	YEAR 95	3. TIME OF DEATN 17:07 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 30,1		8. BIRTNI	PLACE (State or Foreign
	214-56-7891	44	29	11101					_		
E E	9a. FACILITY NAME (If not institution, give st 3575 FT. MEADE		0.2	- 1	9b. CITY, TOW	OR LOCATION REL	ON OF DE	ATN		NTT A	RUNDEL
5	RESIDENCE OF DECEDENT	, I(D • # J	02		DAC				AIN	NE A	KONDEL
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND ANNE	ARUNDEL		10c. CIT	Y, TOWN OR LO						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
7	10e. STREET AND NUMBER					10f. ZIP CODE	E		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	3575 FT. MEADE RO						2072			USA	
BY FU	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 T IF YES, OIVE WAR (	YES 2 N						- American Indian, White, etc.		
	15. DECEDENT'S EDUC		16a. DEC	CEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BU	SINESS/IN		
COMPLETED	(Specify only highest grade		(GA Me.	ve kind of v Do NOT us	work done during se retired.)	most of workin	ng				
12	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	CED	ידפדי	ED PUBI	TC ACC	COLIN	יייא דיייייייי ב	CCOLI	NTIN	
₹	17. FATNER'S NAME (First, Middle, Last)	JT	CLIK	T T T T 1	ED FUDE			ME (First, Middle, Maiden		147 7140	
8									Sumame)		T DISTAND
BE	LEONARD RALPH	SACHS					MARL				LEVINE
2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tov		,	
-	Mrs. Dana Perls	on	78	874 1	Newport	Glen	Pas	s Annanda	le,	VA 2	22003
	20a. METHOD OF DISPOSITION  1 © Burial 2 □ Cremation 3 □ Rem  4 □ Donation 5 □ Other (Specify)	oval from State			of disposition ther place) IENDSHI		9-	DATE 20c. LC		City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME	AND ADDRES	D ADDRESS OF FACILITY LEVINSON & BROS., INC.				
	Tool 1	1 de	2713					STOWN ROAL			RE, MD 21215
VION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  AMYLOIDOSIS  OUE TO (OR AS A CONSEQUENCE OF):  Due to (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  c.  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II Other significant condition	a contribution to do	ath hut not n	anulilan	In the condesis	dan cause	aluan In	Post I Day Man A	ALITORAY		. WERE AUTOPSY FINDINGS
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 IVYES 2 NO							240	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
Σ	DID TOBACCO USE CONT	RIBUTE TO CAUS	E OF DEA	TH YE	ES I NO		ERTAI	NO			
A	25. WAS CASE REFERRED TO MEDICAL	T CAGO			TN (Check only o		JE1(17 til				
$\overline{\circ}$	EXAMINER?	HOSPITAL:			OTHER:						
YS	XXYES 2 NO	1   Inpatient 2   ER					asidenca	6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 XX Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, )		26b. TIN	JURY	INJURY AT WORK? YES 2	NO	28d. DESCRIBE NOW	INJURY O	CCUREO	
0	3 Suicide a Could not be 4 Nomicide determined	28a. PLACE OF IN building, atc.		me, farm,	streat, factory, c	ffice		28f. LOCATION (Street City or Town, Stafe		er or Rural I	Route Number,
COMPLET	const only	ER: On the best of my									a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R - 11 -	001	1			ENSE NU	MBER	<b> </b>		(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WA	10 COMPLETED CAUSE O	•				CME	ltiman-			13.1995
	THE COORE, Me	3 THEGISTINGS			enn St	reet	, Ba	ittmore,	Ma	тата	nd 21201
	SEP1 97595	Jahr Want	bloor day	dall							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DNMN-16 Rev 1/89

Pages 1, 2, 3 should

permit.

burial-transit

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as intending the filled within TS bours after death with the State Dept. of Health and Mental Hygine prior to burial, or removal.
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ITEM: 1. PER F.H. FILM G-727 9/20/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH ETTA WACKE SCHER SEPTEMBER 95 1750 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) APR. 3,1924 IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign 104-18-5435 1 - M 2 - F DAYS HOURS MIN. 71 YRS. NEW YORK 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE RANDALLSTOWN 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 9210 TURNBULL ROAD 21133 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES △ 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married B 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+1 HOUSEWIFE OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALBERT SIDNEY WACKE notified at FRIEDA WACKE BERCU BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. SHELDON SCHER 9210 TURNBULL ROAD RANDALLSTOWN, MD 21133 90 20e. METHOD OF DISPOSITION
1 Å Burial 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must CHEBOTHALON MEMORIAL PARK -9-18-1995-REISTERSTOWN, MD 4 Donation 6 Other (Specify) 21. SIGNATORE OF FUNERAL SERVICE/EXCENSEE examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 medicai 23. PART | Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, **Approximata** or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disesse or condition BREAST CANCER YEARS event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER traumatic CERTIFICATION YEARS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST 9 PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any YPERT ENSION 1 TYES 2 PAG OF DEATH? Shows 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL OTHER: 1 YES 2 NO 1 Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 8 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked. 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide .00 COMPLETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 200 determined 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) K.S.RAO.MI.D D43462 DSEPTEMBER16.95

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02. REGISTRAR'S SIGNATURE

NORTHWEST

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

HOSPITAL CENTER, RANDALLSTOWN

and the different on the

594

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the state bent after burial-transit permit. Page the within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	
	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled within 72 hours after death with the State Dest. of Health and Mental Hydlene prior to burild; cremation, or	in by the funeral director, page 5 should in the second to the burial-transit permit. Page removal.

	1 - STATE REGISTRAR		C	DEPAR	CATI		DEAT	'H		REG. NO.			
- 6	1. DECEDENT'S NAME (First, Middle, Last)				IOATI	_ 01	DEAL		2. DA	TE OF DEATH			3. TIME OF DEATH
- 2	ANNIE M. S	Stro Ha	Annie	Mildr	ed St	rothe	r		MOs		1	YEAR 1995	4:08 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	13	8. BIRTH	PLACE (State or Foreign
- 6	217-22-4902	1 🗌 M 2 💢 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.		725/1900	)	Country	ginia
	On FACILITY NAME (II not institution often	treet and number)			9b, C(T)	, TOWN C	OR LOCATIO	ON OF D		23/1900		NTY OF D	
5	YINRTH ARY WI	sel to	SPITAL		(1)	21)	BUR	111	ip		A	.10	ARYNDEL
5	RESIDENCE OF DECEDENT		1 .11					NO (	-		1/1/0	NE	INGNOET
DIRECTOR	10a. STATE 10b. COUNT			10c, CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
	Maryland N/I	4			Balt		ce Ci						1 K YES 2 NO
FUNERAL						101	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?
W	1521 Gleneagle	Road 12. WAS DECEDEN	T EVER IN HE AS		- 10			123				US	
	1 Never Married 2 Merried	FORCES? 1	YES 2 W	NO		If yes, sp	ecify Cuber	n, Mexico	an, Puert	GIN? (Specify Yea o Rican, atc.)	or No-	14. RACE Black	— American Indian, , White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES		1	1   YES	2 X NO	Specif	ffy:			Specif	
0	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DE	CEDENT'S	USUAL O	CCUPATIO	ON .		10	8b. KIND OF BUS	INESS/INC	DUSTRY	White
4	Elementary/Secondary (0-12)	College (1-4 or 5 +	- Ulia	. Do NOT u	work done se retired.)	auring mo	st of working	9					
떶	12th Grade 17. FATHER'S NAME (First, Middle, Last)		Bo	ookke	pper					S.S. Ac	mini	stra	tion
NOWPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTN	ER'S NA		, Middle, Malden			
8,	Thornton B. Lead	ch					Ida	Bla	anch	e Herra	ıld		
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street e	nd Number	or Rural	Route Nu	mber, City or Town	, Stata, Zip	Code)	
	Mildred Long							ad		timore,			
	20s. METHOD OF DISPOSITION 1  Burlal 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE cametary, cre	matory or o	ther place)				1			City or To	
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	- I Wood	lawn	Ceme	ter	7 ID ADDRES	0.05.5	9/18	/95 Wo	odla	wn,	MD
	1111						on F			Home			
	1/1/2				9	521	Loch	Ray	ven	Blvd	Tows	on,	MD 21286
	23 PART I. Enter the disesse, or shock, or heart fellure.	complications that List only one cau	t caused the da	sth. Do i	not enter	ths mo	de of dylr	ng, suc	ch ss cs	rdisc or respir	ratory sri	rest,	Approximats interval Between
	IMMEDIATE CAUSE (Finel												Onset and Death
	resulting in death)	a. A CLUTE	MYOC	ALDI	AU I	NFA	ecri	DN					IPAY
			curotic						-				
			CUMOTIC			scul	ar l	use	AST				
ON	Sequentially list conditions,			OUENCE O	F)								
ATION	If any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONSE	DUENCE O	F):								
IFICATION	If any, leading to immediate	DUE TO											
RTIFICATION	If sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	DUE TO	(OR AS A CONSE						-				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE	OUENCE O	F):				-				
	If sny, issuing to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	c	(OR AS A CONSE	OUENCE O	F):	iderlying	ı ceuse gi	Iven In	Part I.	24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
CAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE	OUENCE O	F):	iderlying	ceuse g	iven in	Part I.		MED?	24b.	
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BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 2 Homicide Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO  C.  DUE TO  d.  BE CONTributing to  RIBUTE TO CA  HOSPITAL: 1 D'Inpettert 2  28e. DATE OF (Month, De)  28e. PLACE Of building,  ICIAN: To the best of ex  R	(OR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CON	TH YE CE OF DEA	In the un  In the un  If (Check OTHEF 4   Nun  E OF IUNY M  strast, fact	NO	UNCE  5   Ree  JRY AT  RK?  ES 2    end plece,  eeth occure  29c. LICER	ERTAII  NO  end due  ond of the	8 Ott 28d. Di 28f. LO Ch 28f. Lo to the c time, de	PERFORI  1 YES 2  her (Specify)  ESCRIBE NOW IN  CATION (Street er y or Town, Stete)  Buse(e) end manute and place, end	MED?  NO  JURY OCC  And Number  ner ee stet  d due lo th	or Rural Ried.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 VES 2 NO  Dute Number,  end manner as stated.  (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	DUE TO  C.  DUE TO  d.  BE CONTributing to  RIBUTE TO CA  HOSPITAL: 1 D'Inpettert 2  28e. DATE OF (Month, De)  28e. PLACE Of building,  ICIAN: To the best of ex  R	(OR AS A CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CONSECTION OF THE CON	TH YE DOA 28b. TIM INJ	In the un  In the un  If (Check OTHEF 4   Nun  E OF IUNY M  strast, fact	NO	UNCE  5   Ree  JRY AT  RK?  ES 2    end plece,  eeth occure  29c. LICER	ERTAII  NO  end due  ond of the	8 Ott 28d. Di 28f. LO Ch 28f. Lo to the c time, de	PERFORI  1 YES 2  her (Specify)  ESCRIBE NOW IN  CATION (Street er y or Town, Stete)  Buse(e) end manute and place, end	MED?  NO  JURY OCC  And Number  ner ee stet  d due lo th	or Rural Ried.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!  1 VES 2 NO  Dute Number,  end manner as stated.  (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

31. DATE FILED (Month, Day, Year) SEP2 0 1995

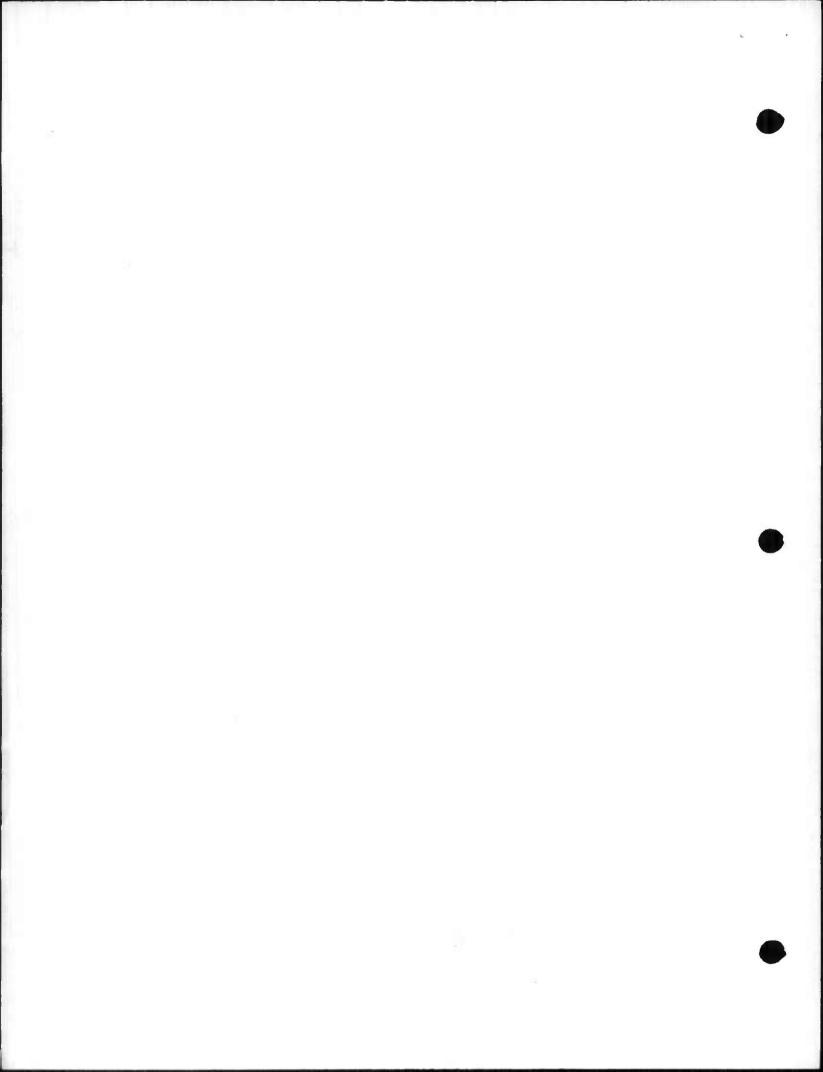
32. REGISTRAR'S SIGNATURE

## Item22, Film727, 9/20/95, It STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE O	F DEATH	REG. NO	),			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	MY		3. TIME OF DE	ATH
		Donal	d St P	atrick	Spe	ence	SEPT.12,		YEAR 1	18:43	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs	s. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH		S. BIRTHP	LACE (Siete or	Foreign
	139-82-0331	1 🔀 M 2 🗌 F	26	YRS.	MONTHS DAY	HOURS MIN.	Aug 19, 1	969	Jama		
ŀ	9s. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY. TOW	N OR LOCATION OF D			TY GF DE		
c											
	5200 BLK. BOWL	EYS LAN	E		BALI	IMORE		N/	<u>A</u>		
	10a. STATE 10b. COUNTY			10c. CiT	Y, TOWN GR LO	CATIGN				10d. INSIDE CI	TY
	Md Montgo	omery		Sil	ver Spr	ing				1 YES 2	NO K
	10e. STREET AND NUMBER					101, ZIP CODE		10g. CITIZ	EN OF WI	HAT COUNTRY	
LONERAL	10717 Venetia Mil	ll Circle	,			20901			C A		
	11. MARITAL STATUS	12. WAS DECEDEN		ARMED	13. WAS 1		NIC ORIGIN? (Specify Ye	e or No—	14. RACE	- Amarican In	dlen.
	1 Never Married 2 Married	FORCES? 1	YES 2	(XNO	If yes	specify Cuban, Mexic	an, Puerto Rican, etc.)		Black,	White, etc.	
	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	•	1	ES 2XXNO Speci	ry:		Specify	Black	
2	15. DECEDENT'S EDU	CATION	16e		USUAL GCCUP		16b. KIND OF BU	JSINESS/INDI	JSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done during se retired.)	most of working					
3	12th grade	N/A	"	Unemp	loved		N/A				
COMPLE	17, FATHER'S NAME (First, Middle, Last)	11,7 11		Oricing	royeu	18. MOTHER'S NA	AME (First, Middle, Maider	n Sumame)			
- 1	Tennyson Spence					Marga	ret Sallmo	n			
2	190. INFGRMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre		Route Number, City or To		Code)		
2	Princess S. D. Lo	namore					rcle Apt 1			ring 20	901
- 1	20a. METHOD OF DISPOSITION	riginor c	20h BI (		OF DISPOSITION			OCATION - C		THE THE	,l
- 1	1 Duriel 2 Cremation 3 Rem	oval from State	M Telery	7 Cremetory of	emetery	(Ivania or	92195 La				
	4 Donetion 5 Other (Specify)	ENSEF	_   110 2	21011 0		AND ADDRESS OF F		inusuo	و ۱۱۷۷	Mu	
	7 100	91		)		ch F/H We				21	215
	sille W	colm	Lan		430		WabashAve	nue B	alti	more.	Md
П	23. PART I. Enter the disesses, or				not enter the					Approxi	mats
1	shock, gr heart fallure.  IMMEDIATE CAUSE (Finel	List Gnly Gne ca	use Gn esch	line.							nd Death
	disesse or condition	<1	-ah	112000	11 21	of Ch	ost				
-	resulting in death)	DUE TO		NSEGUENCE C				<del></del>			
,											
2	Sequentially list conditions, If any, leading to immediate	DUE TO	(GR AS A CO	NSEGUENCE C	iF):						
CERTIFICATION	csuse. Enter UNDERLYING										
Ĭ	CAUSE (Disease or injury that initiated events	DUE TO	(GR AS A CO	NSEGUENCE (	RF):						
2	resulting in deeth) LAST	d.									
									1.00		
DICAL	PART II. Other eignificent condition	e contributing to	desth but r	not resulting	In the under	ying cause given in	Part I. 24a. WAS A	N AUTOPSY DRMED?		WERE AUTOPSY AMAILABLE PRICE	OR TO
3							1, YES	2 NG		GF DEATH?	F CAUSE
ME							'			1 XYES 2	NO
	DID TOBACCO USE CONT	RIBUTE TO CA	AUSE OF D	DEATH Y	ES 🗌 NO	UNCERTA	IN 🗆				
N N	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEA	ITH (Check only	ne)	<u> </u>				
2	EXAMINER?	HOSPITAL:	☐ ER/Outpetle	nt 3 🗆 DOA	OTHER:	fome 5 🗀 Rasidence	6 XOther (Specify)	ON S	TREE	ET	
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE O	FINJURY	26b. TI	ME OF 28c	INJURY AT	28d. DESCRIBE HOW			0	
7	1 Netural 5 Pending	CA)	95 / 95		JURY 1	WORK? YES 2 NO	subjec	+ st	266.	ed	
BY	2 Accident Investigation 3 Suicide & Could not be		OF INJURY -	-	Street, factory,	office	281, LOCATION (Stree	t and Number	or Rural R	loute Number,	1
3	4 Sticide 6 Could not be determined	building	, etc. (Specify)	10	1.10		City or Town, Stell	5000	BIK	Bowle	his Fer
COMPLEIED	29a, CERTIFIER	ar illum none		lau			Palting				
7	(Check only						ie to the ceuse(e) end m				
2	2X XMEDICAL EXAMINI	EH: Gn the basis of	exemination en	nd/or investigat	ion, in my opinie	n, death occured at th	e time, date end place,	end due to th	e ceuse(e)	) end menner e	e stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIE	R V	0//	4		29c. LICENSE N	UMBER			(Month, Day, Ye	
0	Wenn	NI	MU	je		OCME		S	EPT.	. 13, 19	995
-	30. NAME AND ADDRESS GE PERSON W	IG COMPLETED CAL	SE OF DEATH	(ITEM 27) (Typ	e, Print)						
- 1	17011N ( H-/)	16-	1	111 D.	04	root R:	ltimoro	Man	7	A 21'	201

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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND I	MENTAL HYGI		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		Michael James Tha					September	40 400	
p _i o		and the second second	1 🖾 M 2 🗆 F   48	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your Jan. 20, 1	947 M	BIRTHPLACE (State or Foreign Country) aryland
, 2, 3 should	DIRECTOR	Fort Howard V. A.				Howard	EATH	96. COUNTY Bal	timore
ges 1,	E I	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
permit. Pages		Maryland 100. STREET AND NUMBER	Baltimore		10	Owings	Mills	10g. CITIZEN	LIMITS?  1 YES 2 NO  OF WHAT COUNTRY?
isit	ER	#21 South Tollgate	Road			211	17	United	States
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the buria-transit notified at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? ****  Vietnam	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica 3 2 14 NO Specify	NC ORIGIN? (Specify in, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: Caucasian
r attend use as		15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND OF	BUSINESS/INDUST	
AND 21 the hospital or detached for u once.	APLET		College (1-4 or 5+)	life. Do NOT u	Technic:		Be11	Atlantic	
AND the hospita detached detached	COMPL	17. FATHER'S NAME (First, Middle, Last)				1	ME (First, Middle, Mail		17
N N N N N N N N N N N N N N N N N N N	BE (		rl Thalheim				Mary	Shue	
MAR retained to 5 should netified	2	Mrs. Donna K. Mark	11.0				Route Number, City or		
may be or, page	i	20a. METHOD OF DISPOSITION	200	PLACEANDDATE	OF DISPOSITION /A/	ama of	S Mills,	LOCATION CIN	on Town Chate
AOR pe 6 ma rector, p	İ	Mariel 2 ☐ Cremetion 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	al from State cam	D Vetera	ns Cemet	ery Sep	t. 19. 199	5 Owines	Mills ,MD
BALTIMORE, after death. Page 6 may be y the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LICEN	IN ROOM	)	ZZ. NAME A	NU AUDRESS OF FA	uneral D		
BA rs after do removal.		23. PARTI. Enter the diseases, or con	mplications that severe	nev	8728 I	iberty R	d Randal	lstown,M	D 21133-4784
hours or red		snock, or neert failure. Lie	at only one ceuse on e	ach line.	tot enter the mo	ade of dying, suci	n aa cardiac or re	apiratory arrest,	Interval Between
24 m m m m m m m m m m m m m m m m m m m		IMMEDIATE CAUSE (Final disease or condition	Lung Cance	r with M	lataetae:	ia			Onset and Death
ted within completely ial, cremati	Ì	reaulting in death) a.	DUE TO (OR AS A	CONSEQUENCE O	F):	LD			1 1 1/2
executed and com o burial,	Z	Sequentially list conditions, 6.	Alcohol Li						
a clan	FICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEGUENCE O	F):				
Phy phy	FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):				
P.O. ath certification of other officers.	CERTII	reaulting in death) LAST							
AL 0 5 3	AL C	PART II. Other algnificant conditions	contributing to deeth b	ut not resulting	In the underlyin	g ceuse given in	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
	Ş	Depression					PERI	FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
의 등 등 등	MEDIC.							^_	OF DEATH?
S bear S	ä	DID TOBACCO USE CONTRI				UNCERTAIN	10		
ITAL I: The la cate has State De Item 2:	PHYSICIAN:		HOSPITAL:	26. PLACE OF DEA	OTHER:				
SICIAL Certifi h the	H	27. MANNER OF DEATH	Minpatient 2 ☐ ER/Outp	28b. TIM		URY AT	6 Other (Specify) 28d. OESCRIBE HO	W INJURY OCCURE	fD.
NG PHYS fler this c eath with marked	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY WO	YES 2 NO			
SE IS		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, term, s	street, fectory, affic	•	281. LOCATION (Stree City or Town, Ste	et and Number or Re ete)	ural Route Number,
L DIRI	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA One) 2 MEGICAL EXAMINED							
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	- 11	29b. SIGNATURE AND TITLE OF CERTIFIER	-A	end/or investigatio	n, in my opinion, d				use(s) end menner as stated.
TO THE HOSPITA TO THE FUNERA De filed within 7.	BE	C C	Thom.			29c. LICENSE NUM  29c. LICENSE NUM	DER	29d. DATE SIG	SNED (Month, Day, Year)
	유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type,	Print)	- /- //	0	1 1/	10/75
		Bala Duggirala, M	7000 2102		Road, F	ort Howar	cd, MD 2	1052	
		SEP2 0 1995	32. REGISTRAR'S SIGNA	ATURE L. M.					
									DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. y and hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

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FOR

1 - STATE REGISTRAR		CER	TIFICATE	OF DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Les JAMES	EDWARD		VAUGH	AN	2. DATE MONT SE E	OF DEATH	1995		ime of death 2:00 E
4. SOCIAL SECURITY NUMBER 236-64-6942	5. SEX 6	. AGE (In yrs. lest birt	thday) IF UNDER 1 MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	(Mont	of BIRTH h, Day, Year) g • 15,		Country)	E (State or Foreign Virgini
96. FACILITY NAME (If not institution, give 4852 GRACETON				TOWN OR LOCATION OF ITEFORD	DEATH		9c. COUNTY HARF		
RESIDENCE OF DECEDENT  10a. STATE  10b. COU	Harfor		C. CITY, TOWN OF	LOCATION Whiteford					INSIDE CITY LIMITS?
100. STREET AND NUMBER	Harror	. u	,	101. ZIP CODE			10g. CITIZEN		COUNTRY?
4852 Grac	eton Road	3		21	160		U	SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1	YES XXNO	lf.	MS DECENDENT OF HISP yes, specify Cuban, Mexi YES 2 X NO Spec	can, Puerto			RACE — A Black, Whi Specify: hite	
15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	(Give k	ENT'S USUAL OC	CUPATION uring most of working	186	. KIND OF BUS	INESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use retired.)  C Drive			Aspha	lt/Pa	ving	Co
17. FATHER'S NAME (First, Middle, Last) Milton	Vaughan			18. MOTHER'S I		Middle, Malden . ine		t.v	
19a. INFORMANT'S NAME (Type/Print)	vaagnan	19b. M	AILING ADDRESS	(Street and Number or Run					
Susan Vaugha	n	28	804 Gr:	ier Nurse	ry R	d.,Fo	rest	Hi11	MD 21
20a. METHOD OF DISPOSITION 1	amoval from State	cemetery, cremati	DATE OF DISPOSI ory or other place)	TION(Name of Cremator	v 9/		rk, PA		State
21. SIGNATURE OF FUNDAL SERVICE	LICENSEE	+	22. 1	arkins F.	FACILITY				7314
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	b. DUE TO (C	OR AS A CONSEQUE	NCE OF):					o distante	
PART ii. Other algnificant condi	d.	leath but not rear	uiting in the un	dariying causa given	in Part i	24a, WAS AN	ALITOPSY	24b, WEI	RE AUTOPSY FINDIN
TAIL III OHIO AGIINOM CONOL	to the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and the total and			dariying dadad givon		PERFOR	NO NO	CON OF I	RABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	1 220					
1X YES 2 NO 27. MANNER OF DEATH	1  Inpetient 2		Bb. TIME OF	aing Home 5X Residence	_	er (Specify) SCRIBE HOW I	NJURY OCCUP	ED	
1 Natural 5 Pending 2 Accident Investigation	FOUND 9/	15/95	UNBJURY 1:40 A M	WORK? 1 ☐ YES 2/X NO	SUBJ	ECT INHA	LED FUM	ES FRO	OM EXHAUST
3 Suicide 8 Could not detarmine	be building, a	INJURY — At home itc. (Specify) [RUCK	, farm, street, fact	ory, office	281. LO Ch	CATION (Street in or Town, State)	4852 GR	ACETON 21160	Number ROAD
(Greek only	IYSICIAN: To the best of m							ause(s) and	d manner as states
294 SIGNATURE AND TITLE OF CERT	Thell			O . C	M.E.	,			onth, Day, Year) 5,1995
30. NAME AND ADDRESS OF PERSON  Margarita Ko		•		street, Ba	altir	nore,	Mary:	Land	21201
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retained by the hospital or attending physician. TIMORE, MARYLAND 21215-0020 Page 6 may be

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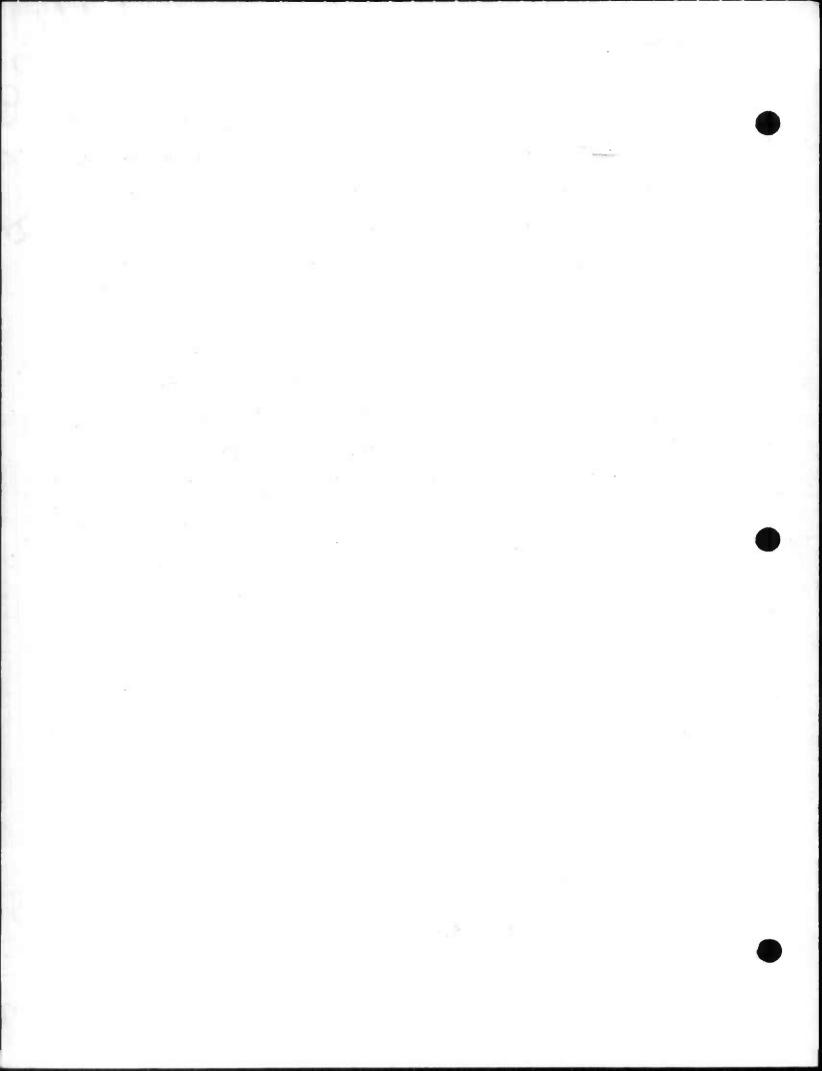
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60	OR ATTENDING PHYSICIAN: The
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 15 1995 Sept. 3:07 PETER L. WALSH 4. SOCIAL SECURITY NUMBER 9868-A 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTN (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 77 YRS. 1918 New York Sept. 4. permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Joseph Hospital Towson Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Timonium 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 107 Longridge Ct. 21093 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ₩ YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 VES 2
IF YES, OIVE WAR OR DATES

WW II 1 Never Married 2 Scherried If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 TYES 2 NO BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high College (1-4 or 5+) 4 yrs Elementary/Secondary (0-12) Purchasing Manager Telecommunications 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Patrick Walsh notified at McLaughlin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Florence J. Walsh 107 Longridge Ct. Timonium, Md. 21093 must be 20e. METNOO OF DISPOSITION
1 Seurial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Dulaney Valley 9-18 Timonium, Md. examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line completely filled in rial, cremation, or r Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition mocerdial inforction Heute resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF) an and com CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate prior cause. Enter UNDERLYING CAUSE (Disease Dr injury other DUE TO (OR AS A CONSEQUENCE OF): the attending pl Mental Hygiene that initiated events reaulting in death) LAST injury, or PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS and a AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any signed Health a 1 YES 2 NO 1 YES 2 NO L. of h PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has b Dept. 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL certificate h Item HOSPITAL: OTHER: 1 | YES 2 10 Inpetient 2 DER/Outpetient 3 DOA 4 ☐ Nursing Name 5 ☐ Residence 6 ☐ Other (Specify) marked, or 27. MANNER OF DEATN 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED this c 1 Natural 5 Pending 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 28 is 26f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 6 Could not be DIRECTOR: 4 Nomicide determined Item 29e. CERTIFIER
(Check only

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee ateted. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 __ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year) H. Kell, MS D 28 662 9/15/95 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Brian Kahn 7505 Osler Dr. Towson, Md. 21204 SEP 2 0 1995

32. EGISTRAR'S SIGNATURE



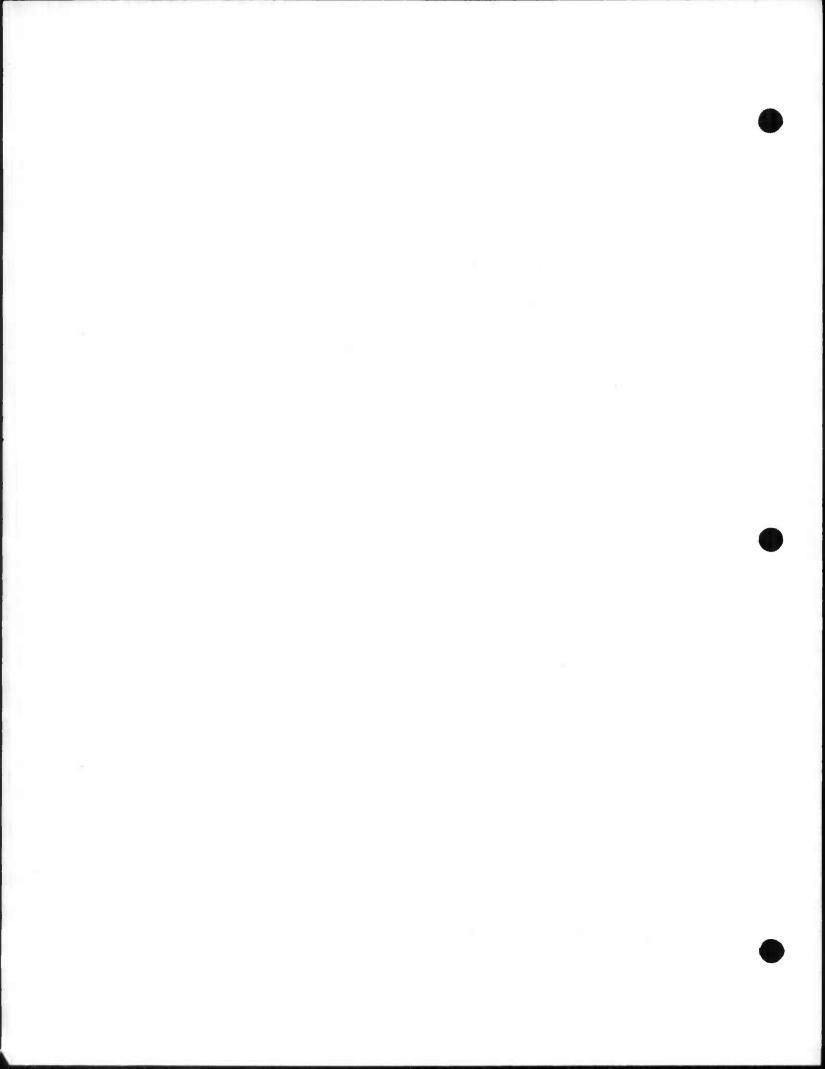
DAL HIMORE, MANTENIA	after death. Page 6 may be retained by the hosy	by the funeral director, page 5 should be detached	moval.	ical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

LOUIS Francis Walter, Jr. September 1

- {	1. DECEDENT'S NAME (First	t, Middle, Lest)								2. DATE OF	DEATN			3. TIME OF DEATH
. 0	Louis	Fr	ancis	Wa	lter	, Jr				Septen	ıber™	17,1	995	808A H
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. last	birthday)		1 YEAR	IF UNDER		7 DATE OF	DARTM		8. BIRTNE	PLACE (State or Foreign
	216-12-2454		1 X M 2 - F	72	YRS.	MONTHS	DAYS	HOURS	Min.	Dec. 1	4, 1	922	Balt	imore City
00			n, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH							ATN				
ō		5823 Benton Heights Avenue Baltimore, City N/A							N/A					
3EC	10a. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION 10					10d. INSIDE CITY				
ā	Maryland	N	/A		Bal	timo	re							LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER						101	. ZIP CODI	2			100		HAT COUNTRY?
NEF	5823 Bento							2120	_				U.S.A	
FU	11. MARITAL, STATUS 1 Never Married 2 🕡		FORCES? 1	IT EVER IN U.S. ARM I XYES 2 ∏ NO MAR OR DATES	NED D		If yes, sp	ecify Cube	F NISPAN n, Mexice	HC ORIGIN? (S n, Puerto Rice	specify Yes n, etc.)	or No-	14. RACE Black,	- American Indian, White, etc.
В	3 Widowed 4 Divo		W.W. II	MAR OR DATES	У		1 TYES	2 X NO	Specify	y:			Specify	White
COMPLETED	15. DEC	EDENT'S EDUCATOR STATE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	TION	16e. DEC	EDENT'S	USUAL O	CCUPATIO	ON ast of working		16b, Kill	ND OF BUS	INESS/INC	DUSTRY	
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MP	17. FATNER'S NAME (First, M	E46. Co.			mac	hini	St						rk in	dustry
			ton Cu					18. MOTI		ME (First, Midd		.,		
BE	Louis Fran		ter, sr		MAILING	ADDRESS	S (Street a	and Number	Mar	Route Number, (		gan	0-4-1	
5	Virginia	Lee Wal								venue				206
	20e, METHOD OF DISPOSIT 1 X Buriel 2 Crematic 4 Donation 5 Other	ON 3 Remov	ni from State	Parkwo					1 10				City or Tow	aryland
	21. SIGNATURE OF FUNERA		YSEE	Falkwa	Jou 1			D ADDRES			Γαι	L V V I .	ite n	al y land
	> Jeffe	es J.	Fair	2						uck, I		. M.	2 04	04.6
	23. PART 1. Enter the d	isees, or cor	mplications the	t caused the des	th. Do r	not enter	the mo	de of dyl	ng, suci	Road	or respir	ratory sm	rest,	Approximate
	IMMEDIATE CAUSE (Fir			use on each line.										Interval Between Onset and Death
	disease or condition resulting in death)	<b>→</b> s.,	M	YOCARI (OR AS A CONSECU	MAL	. (1	NF	AR	CTR	MO				
CERTIFICATION	Sequentielly list conditi		DUE TO	OR AS A CONSECU	JENCE OF	10 N								-
CAT	If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju	ING	A	SCVD										
E	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	JENCE OF	F):								
Ä	resulting in death) LAS	d												
	PART II. Other significa	nt conditione	contributing to	deeth but not re	eulting i	In the un	deriying	csuse g	lven in	Part I. 24	. WAS AN	AUTOPSY	246. 1	WERE AUTOPSY FINDINGS
MEDICAL	1+7p	ERCH	+OLES	TERO	LE	MH	1				PERFORI	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC										_ ] ''	120 2	NO		OF DEATH?
ž	DID TOBACCO U	SE CONTRI	BUTE TO CA	USE OF DEAT	H YE	S 🔲 I	NO [	UNC	ERTAIN	12				
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:	28. PLACE	OF DEAT									
YSI	1 TYES 2 NO		☐ Inpetient 2 ☐	ER/Outpatient 3				5	sidence	6 Other (Sp	pecify)			
		Pending Investigation	26e. DATE OF (Month, D		28b. TIM INJ	E OF URY M		URY AT RK? 'ES 2	NO	26d. DESCRI	BE NOW IN	JURY OCC	CURED	
ED BY	3 Sulcide 6	Could not be	26e. PLACE O building,	F INJURY — At hom atc. (Specify)	e, farm, s	street, fact				281. LOCATIO	N (Street or own, State)	nd Number	or Rural Ro	ute Number,
ETE		determined			-									
COMPLET	(Check only	CAL EXAMINER:	N: To the best of On the bests of e	my knowledge, deal	th occurre	n, in my o	me, date pinion, d	end place, eath occur	end due	fo the cause(e fime, date end	e) and man	ner as stat	ed. e cause(s)	end manner ee stated,
	29b. SIGNATURE AND TITLE		0	10		-		29c. LICE						Month, Day, Year)
TO BE			184	Fao				D	17	700	4	▶ 0	9-	18-95
	30. NAME AND ADDRESS OF							14-	, .					
	Dr. G. Rao	31	32. PÆGISTRA	ord Road	Вa	ITIM	ore,	Mary	land		<del></del>			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the businest name bears 1.2 accorded
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTME			IENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)		0=11111101	01	DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
	Costmo C	art, Aha	to			Seletember		YEAR 195 E'40 AM			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In )		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ybar)		BIRTHPLACE (State or Foreign			
	213-26-0427 1 Mm 2 F 65 YRS. MONTHS DAYS HOURS MIN. JUNE 17, 1930 Marylan  BB. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
TOR	Fallston General Hospital Fallston HARFORD										
S C	10a, STATE 10b. COUNT	TY	10c, CITY, TOV	/N OR LOCAT	ION			10d, INSIDE CITY			
FUNERAL DIRECTOR	Maryland Har	ford	Abing		32.53			1 YES 2 NO			
RA					, ZIP CODE			EN OF WHAT COUNTRY?			
N.	338 Sunray Court	12. WAS DECEDENT EVER IN U	T		21009		U.S.				
	1 Never Married 2 W Married	FORCES? 1 X YES	2 NO	If yes, sp	ecify Cuban, Mexican,	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	i or No-	4. RACE — American Indian, Black, White, etc.			
BY											
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
H.	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use retire	ne during mo id.)	st of working						
MP		8 years	Attorney			Law F	irm				
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)				
BE	Anthony A. Abato				Mildred	S. Stein	bach				
6	19a. INFORMANT'S NAME (Type/Print)	4				oute Number, City or Tow		ode)			
	Marilyn C. Abato					ngdon, Md					
	20a. METHOD OF DISPOSITION 1 □ Burial 2 🌣 Cremetion 3 □ Rem	noval from State 20b. PL camete	ACE AND DATE OF DIS bry, crematory or other pla EEN Mount	POSITION (Na	me of	DATE 20c. LO					
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI				D ADDRESS OF FACE		iltimo	re, Maryland			
	DAJA WA	alando la		Schimu	inek Fune	ral Home		Air, Inc.			
	23. PART I. Enter the diseases, or	complications that caused til	ne death. Do not en	oro w	Macrial	1 Rd., Be	I Alr,	Md. 21014			
	anock, or massi validie.	List only ona cause or aaci	n lina.				ratory arrea	Interval Setween			
	immediate Cause (Final disease or condition reaulting in death)  a. auth vanual henryling from the lung ones and ones are and ones.										
-	Carcinoma of the lung										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate										
3	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):										
E											
Ä	resulting in death) LAST										
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
2	CHIMUA MILIPATO MILIPATO MILIPATO TO COMPANY PERFORMED? AMELBALE PROPERTY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO COMPANY TO										
	OF DEATH?										
2	DID TOBACCO USE CONT	RIBUTE TO CAUSE OF	DEATH YES	NO I	UNCERTAIN			1 TES 2 NO			
Ž	25. WAS CASE REFERRED DO'MEDICAL		PLACE OF DEATH (Che		OTTOLKIANT						
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpatie	5 🗆 Raaldenca 6	6 ☐ Other (Specify)							
١٩	27, MANNEY OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	286. TIME OF	JRY AT	28d. DESCRIBE HOW I	NJURY OCCU	RED				
BY	1 Natural 5 Pending 2 Accident Investigation	(Mornin, Say, Your)	RK? ES 2 NO								
- 10	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atreet,	factory, office		28f. LOCATION (Street a	and Number or	Rural Route Number,			
	4 Homicide determined					City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledg	ga, death occurred at th	e time, data	and place, and due to	the cause(a) and mer	iner se stated.				
ON I		ER: On the beals of examination ar									
BEC	296. SIGNATURE AND TITLE OF CERTIFIE	B. 0			29c. LICENSE NUMB	ER ,	29d. DATES	HOHEE (Mopth, Day, Year)			
	Patriciale	sure "	W )		D3170	4	> 9/i	9195			
2	PATRICIA A.	O COMPLETED CAUSE OF OEATH  UFBER  IL	(ITEM 27) (Type, Print)	F-(01	H ER	TAI1	STAN	J. MAZINUT			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	IRAN A	31		1114	ULVI	7, 10000107			
	SFP2 1 1995	Jalin atualiar	Karlett								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

d within . hours after death. Page 6 may be retained by the hospital or attending physician.	mpletely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permi	, cremation, or removal.	rvent, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First, Middle, Las	1()							2. DATE OF DE	ATH		3. TIME OF DEATN
	Theodore R	. Ande	Y						Septen	nber l		
	216-58-2234	1 XXM 2 - F	6. AGE (In yrs. 43	YRS.	IF UNDER	DAYS	HOURS	MIN.	APR. 3,	1952	S. SIR Cou	THPLACE (State or Foreign CAROL I NA
	9e. FACILITY NAME (If not institution, give	e street and number)			9b. CITY			ON OF DE		90	c. COUNTY OF	
HOT:	BAYVIEW H	OSPITAL				BAL	IMOF	RE	CITY			n/a
DIRECTOR	MARYLAND 106. COU	n/a		10c. CIT	Y, TOWN C	BAL	TI MOF	RE			1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4777 ELISON	AVENUE				101	. ZIP COD	212	206	10	UNITED	S TATES
B	11. MARITAL STATUS 1 XXNever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S., I YES 2 WAR OR DATES	ARMED XXX		If yes, sp		en, Mexice	IIC ORIGIN? (Spe n, Puerlo Rican, (		Bid	CE — American Indian, ack, White, etc.
	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	18e.	DECEDENT'S	USUAL O	CCUPATH during mo	ON st of worki	ing	16b, KIND	OF BUSINE	ESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) 12 th	College (1-4 or 5		CRANI	se retired.)	PERA			ll ll	NITED	S TEE	CL CORP.
BE CON	17. FATNER'S NAME (First, Middle, Last) WILLIAM A	NDERSON :	SR.				18. MOT	DOF	ME (First, Middle, ROTHY	Welden Sum VERE	EN	.91 1.5
10	198. INFORMANT'S NAME (Type/Print) PAULA K.	ANDERSON		196. MAILING 6844			nd Numbe		PRIVE, I			MD 21234
	20e. METHOD OF DISPOSITION  1	emoval from State		GANDDATE			PARI	L	9-23		TON — CITY OF	
	DA SIGNATORE DE PUNDUAL BENAICE	Louis	-1	ivis		WM.	C. 1		H FH1			RTH A VENUE
	23. PART I. Enter the disesses, shock, or heart fallu IMMEDIATE CAUSE (Final	or complication there. List only be a	at caused the use on asch li	death. Do ne.	not enter	the mo	de of dy	/Ing, suc	h ss cerdiec o	r respirat	Dry arrest,	Approximate interval Between Onset and Death
	disesse or condition resulting in desth)	End SI	rage R	enal.	Disea	ase						Years
_		- Hypert	O (OR AS A CON!	SEQUENCE C	HF):							Years
TION	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONS				ı					Year
징	CAUSE (Disease or Injury that Initiated eventa Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST Coagulopathy of Unspecified Type								Month			
	PERFORMED? AMALIABLE STAN										4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
MEDICAL	1 VES 2 NO COMPLETION OF CAUSE OF DEATH?										OF DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
CIA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)  EXAMINER?  HOSPITAL:  OTMER:											
PHYSICIAN:	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)											
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation		Day, Year)	28b. TII	JURY M	W	URY AT ORK? YES 2	□ NO	28d. DESCRIBE	: NOW INJU	JHY OCCURED	
	3 Suicide a Could not 4 Nomicide determine	be building	OF INJURY At p, etc. (Specify)	home, farm,	street, fec	tory, offic	:0		281. LOCATION City or Town		Number or Run	al Route Number,
COMPLETED	Control only	HYSICIAN: To the best of					-					e(s) end menner sa stated.
BE	Joda & Cox A	FIER					-	ODIS				nber 19, 1995
10	30. NAME AND ADDRESS OF PERSON	Wiew Med	lical Cen	ter.	e. Print) 4940	Eas						
	31. DATE FILED (Month, Day, Year) SEP 2 1 1995	32. REGISTI	AR'S SIGNATUR	14								
	DEL O T 1999	QT.										



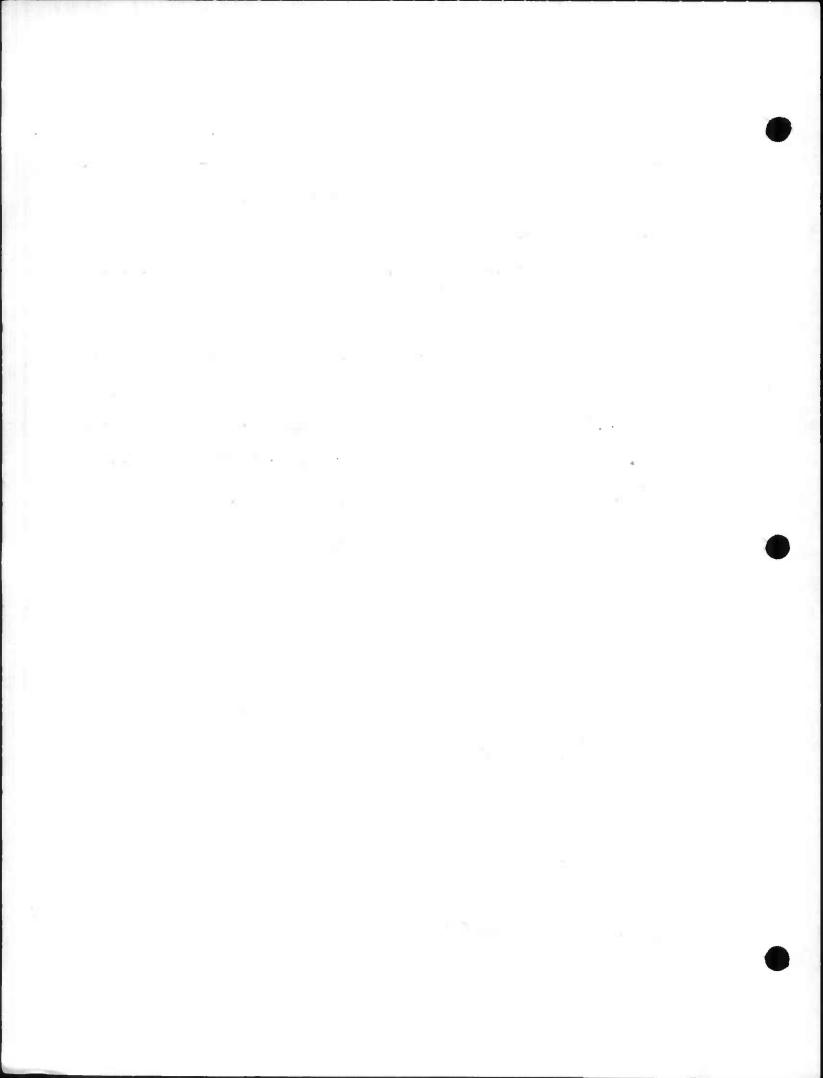
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)			01			OF DEATH		3. TIME OF DEATH		
	CHARLES A. AF	RNOLD				Sep		1995			
1			(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH	8. BI	IRTHPLACE (State or Foreign		
	213-10-5490A	1₹ M 2 □ F 8 E	YRS. MO	NTHE DAYS	HOURS MIN.		25-09	Co	ountry) Md		
	Sa. FACILITY NAME (If not institution, give stre			. CITY, TOWN C	R LOCATION OF DE			e. COUNTY C			
DIRECTOR	Good Samaritan		N/A								
<u> </u>	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY		
5	Md.	N/A	Ba	altimo	re				LIMITS?		
4	10e. STREET AND NUMBER		.1		ZIP CODE		1	log. CITIZEN (	OF WHAT COUNTRY?		
FUNERAL	2419A Wellbride	re DrRal	timore b	// d	21234	le.		TT S	.A.		
5		12. WAS DECEOENT EVER	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN	? (Specify Yea or	No- 14, F	RACE American Indian.		
	1 Never Married 2 Married	FORCES? 1 YES			city Cuban, Maxican		ican, atc.)		Black, White, atc.		
BY	3 Widowed 4 Divorced						White				
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of	N It of working	16b.	KIND OF BUSIN	ESS/INDUSTF	TY .					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	etired.)							
d. M	Grade 12		Utilitie	s One	rator	P	ittsb	irah	Plate Glass		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, M	liddle, Maiden Su	mame)			
BE	William Arnold				Mare	rare	t Bur	y Ghe	ring		
2	19a. INFORMANT'S NAME (Type/Print)		196, MAILING AD	DRESS (Street a	nd Number or Rural F	Route Numb	er, City or Town,	State, Zip Code	9)		
-	Edythe L. Arno	ld	2419A	Wellb	ridge I	)r	Baltir	nore,	Md.21234		
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remove		b. PLACE AND DATE OF Contents or other		me of	OATE	20c, LOCA	TION City o	or Town, State		
	4 Donation 5 Other (Specify)	N	letro Cre	emator	v.Inc.	9-20	-95	Balto	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AP	O ADDRESS OF FAC	CILITY					
	D. Johnson	The	tuck.		Frede						
	23. PART I. Enter the diseases, or co		d the deeth. Do not	enter the mo	imore.	MCL.	lac or resolvat	tory arrest	Approximate		
	ahock, or heert fallure. L	ist only one cause on e	each line.						interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Olyn	in M	Lu Ta	Time	4	.0	Dur	Onset and Death		
-	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Churuc Olustructive Bulm Discuss  Due to (or as a consequence of):										
_											
CERTIFICATION	Sequentially list conditione,  our to (or as a consequence of):										
Ž.	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST										
	a.										
A	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PREFORMED?  AMALABLE PRIOR TO  AMALABLE PRIOR TO										
음	Obstructive unspatky PERFORMED?  1 VES 2 DNO COMPLETION OF CAUSE OF DEATH?										
¥	1 YES 2 NO										
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 🔀										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)  EXAMINER? OTHER:										
is	1 WES 2 DIO VILLY	e 5 🗆 Residence	8 Other (Specify)								
E	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	PF 28c. INJ	URY AT PK?	28d, DE\$	CRIBE HOW INJ	URY OCCURE	D			
B	1 Shatural 5 Pending 2 Accident Investigation	Pending M 1 VES 2 MC									
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stre	et, fectory, offic			ATION (Street and or Town, State)	Number or Re	urel Route Number,		
	4 Homicide determined						, , , , , , , , , , , , ,				
COMPLETED	29a. CERTIFIER Check only	IAN: To the best of my know	viedge, death occurred a	at the lime, date	and place, and due	to the cau	se(s) and menne	er as stated.			
S	onel _ //								use(s) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	0-0:41		-	29c. LICENSE NUN	IBER		29d. DATE SIG	BNED (Month, Day, Year)		
8	Lail X.	Muller	; ni		D22	71	9	<ul><li>9</li></ul>	1/18/95-		
2		COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type. Pr.	int)	<b>1</b>	1	1		, -   -		
	Ste 306 PC	\$1 5601	Lock 1	lave	n Ble	d.	Sa	lt.	Md. 2/239		
	SEP 2 1 1995	/. 320 taletaer / a	A COLUMN								



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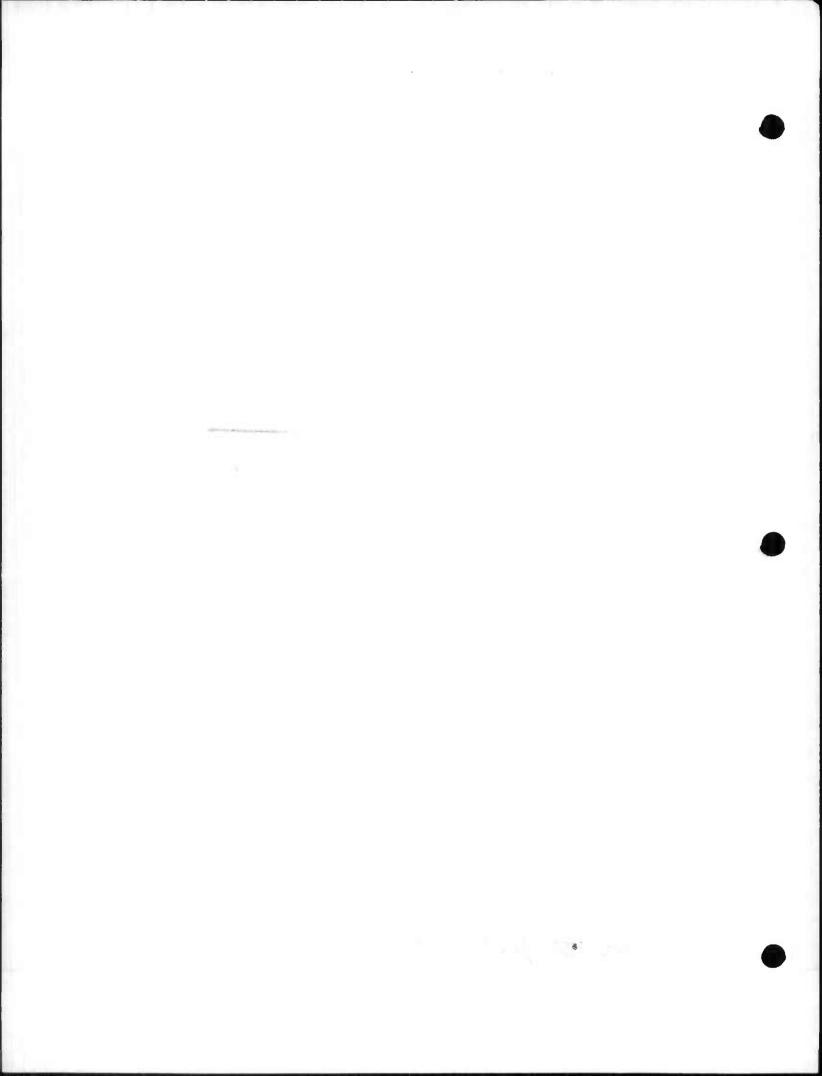
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		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTN CERTIFIC			MENTA	L HYGIEI		l. m		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF OEATH	DAY	YEAR 3	. TIME OF DE	ATH
		DAMON  4. SOCIAL SECURITY NUMBER		DERSON		1	SEP	Г 18	1995		5:50	AM
pin		217-86-5547	1 1 M 2 - F 2	2 YRS. MO	UNDER t YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH	73	Couptry	ACE (State or	nd
2, 3 should	стов	8a. FACILITY NAME (If not institution, give at 1702 E. OLIVE	R ST.			MORE C			9c. COUNT	V/A	тн "	
←.	띮	RESIDENCE OF DECEDENT  10a. STATE / 10b. COUNTY		10c, CITY, TO	OWN OR/LOCAT	TION				1	Od. INSIDE CIT	TV
permit. Pages	L DIRE	Md 10e. STREET AND NUMBER	NA	B	alter	nore			T	1	LIMITS?	□ NO
125	FUNERAL	5/1/ arbatus	Que			2121.	5			US	at country?	,
0 E 4	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 PNO	If yes, sp	CENDENT OF HISPAI ecity Cuben, Mexico 2 DNO Specifi	en, Puerto F	i? (Specify Ye lican, etc.)	se or No—	Black, 1	American Ind White, atc.	
r attend	TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16 completed)	Se. DECEDENT'S USL	done during mo		160.	KIND OF BU	JSINESS/INDU			
ND 21 hospital or ached for u	COMPLETE	Elemantary/Secondary (0-12)	College (1-4 or 5 +)	We. Do NOT use re	emple empl	loyed		N	A			
/LA y the be det	BE CO		erson Jr.			18. MOTHER'S NA	ME (First, A	Middle, Maidel Ste	UENS	00		
MAR\ e retained to 5 should notified	T0	10a, INFORMANT'S NAME (Type/Print)	0116.16.0	19b. MAILING AD	DRESS (Street	and Number or Rurall	freed	or, City or To	wn, Stete, Zip C	Code)	6	
		200. METHOD OF DISPOSITION	evenson	ACEAND DATE OF D	1000	us uve			DCATION - C	Md	212	.15
FOR and actor, p	,	t Buriel 2 Cremation 3 Remo	oval from State corneler	ry, crematory or other	place)	1 Auch	aly 2	T	7 11	Nor low		1.
ALTIMORI death. Page 6 may e funeral director, p J.		21. SIGNATURE OF FUNERAL SERVICE LIC	DISEE /	110	22. NAME AN	D ADDRESS OF FA	dury .	2	out   II	1101 6	215	21/
BAL er deati the functual		Joseph X	. Truss		222	eph Li	orth	air	Bal	timo		d.
in by remo		23. PART I. Entar the diseasea, or c shock, or heart fellure, I	omplications that ceused the	ne death. Do not	enter the mo		h ss cerd	lec or resp	olratory arre	st,	Approxim	
경 를 등 문		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Multiple		of Wo	und:					Onset ar	nd Death
P 8 6 4 6	1		DUE TO (OF AS A CO	ONSEQUENCE OF):							1	
68 and and bur	ON	Sequentially list conditions,	DUE TO (OR AS A CO	ONSEQUENCE OF:								
y, P.O. BOX eath certificate be attending physician mtal Hygiene prior to y, or other traum	RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
.O. B certificate ding physi hygiene pr	E	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):							1	
OS, P.O. BO be death certificate be the attending physicia Mental Hygiene prior Illury, or other trau	SER	Todatily EAST	4									
RDS, at the deat by the att and Menta y Injury,	4	PART II. Other significent conditions	contributing to death but i	not resulting in ti	ne underlying	g cause given in	Part I.	24a. WAS AN	N AUTOPSY	24b. W	ERE AUTOPSY	FINDINGS
Some that age that a safeth a samy	MEDIC,						_	1 K YES			OMPLETION OF F DEATH?	CAUSE
Medulres that the property of Health and 3 shows any In	ME	DID TORACCO LICE CONTR	UDUST TO CALLES OF								YES 2 🗆	NO
AL bass	PHYSICIAN:	DID TOBACCO USE CONTR		PLACE OF DEATH (		UNCERTAI	ИП					
F VITAL SICIAN: The lan certificate has I the State Dep I, or item 23	SIC	EXAMINER?	HOSPITAL; 1   Inpetient 2   ER/Outpetie	01	HER.	e 5 🗆 Residence	a X Other	(Enacifu)	SCENE	1		
1. 0 55	¥	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ				INJURY OCCU			
ION OF NDING PHYS I: After this of r death with Is marked,	ВУ	1 Netural 5 Pending 2 Accident Investigation	9/18/95	546 A		res 2 Kno	suk	iec	t sho			
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is man	8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)		1		281. LOCA City o	TION (Street Town, State	and Number of	Rural Rou	ver St	-
DIVI OR AT DIRECT hours a		A. 05-15-15-15		stre								
TO THE HOSPITAL OF THE FUNERAL DE 6164 WITHIN 72 ho	COMPLET		EAN: To the best of my knowledg								nd manner as	atsted.
THE FI	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 00 1	1065		29c. LICENSE NUM	4BER		29d. DATE	SIGNED (M	onth, Day, Year	)
₽ ₽ 2 <b>X</b>	2	30, NAME AND ADDRESS OF PERSON WHO	Complete Cause of Darre	(VI)		O.C.M	.E		SE	PT :	18,19	95
.5		30. NAME AND ADDRESS OF PERSON WHO DENNIS CHUTE			nn St	reet,	Balt	imor	e, Ma	ryla	and 2	1201
		SFP 2 1 1995	32. REGISTRAR'S SIGNATU	RE LAL	_							

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4	2	표	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deal	K	8	E E	ē	NG	PHYS	CIA	E	e law	De la	uires	that	the part	deal
1	2	THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the att	M	DIRE	9	A	fter	this c	ertif	cate	has	Deed	Sign	d be	/ the	att
Y	90	filed	be filed within 72 hours after death with the State Dept. of Health and Mental	2	hours	afte	P	eath	With	the	State	Ded	0	Heal	th an	N	enta
	E	2	IMPORTANT: If item 28 is marked, or item 23 shows any injury,	=	Hea	28	69	E	rked,	ö	Ten	23	ë	*	any	를	Š

	FOR 1 - STATE REGISTRAR		MARYLAND	/ DEPAR	RTMENT OF	HEALTH	AND I	MENTA					
	1. DECEDENT'S NAME (First, Midd	LOUISC	S.	BR	aha	F DEA						TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217-03-8836	5. SEX	6. AGE (In yrs. Is	YRS.	IF UNDER 1 YEAR		R 24 HRS.	7. DATE	of BIRTH	1907	A. BIRTHPL Country) Mary	ACE (State or Foreign	
E 0	9a. FACILITY NAME (If not institution, give street end number)  Manor Care Towson					N OR LOCAT	ION OF DI			9c. COUN	TY OF DEA	ГН	
اق	RESIDENCE OF DECEDE	COUNTY											
DIRECTOR	1	N/A		100	r, Town on Lo Ltimore							Id. INSIDE CITY LIMITS?	
	Maryland 100. STREET AND NUMBER	Dal	rumbre	101. ZIP COD	MF .	_		ton CITIZ		T COUNTRY?			
FUNERAL	2817 Mayfield			212				U.S.		d COONTRIT			
3	11. MARITAL STATUS	RMED	13. WAS			NIC ORIGIN	I? (Specify Yes			- American Indian,			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? IF YES, GIVE	1 YES 2 X	NO	If yes	specify Cub (ES 2 XNO	nn, Mexica	en, Puerto I	Ricen, etc.)		Black, V	White	
TE	15. DECEDEN (Specify only highe	T'S EDUCATION ast grade completed)	- (	Give kind of	USUAL OCCUP	ATION most of work	ing	18b	KIND OF BU	SINESS/INDU	ISTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or	5+)	le. Do NOT u	se retired.)			١.		-			
N N	12th grade		S	ecret	ary				Plumbi		mpany		
		,							Widdle, Maiden				
BE	Phillip Ische			DE MAILING	Annoese /s-				Gerwi		0-4-1		
2	William C. Vo		on)	9913	Richly	n Dr	PEE	RY HA	M:	n, smee, zp e saralsi	ad 21	128	
	20a, METHOD OF DISPOSITION 1 ♣ Burial 2 □ Cremation 3				OF DISPOSITION		ESCA	DAT		CATION — C			
	1 A Burtal 2 Cremation 3 4 Donation 6 Other (Speci	☐ Removal from State  (y)	cometery, co	rematory or o	other place)	7 Cem	otor	1	- /				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										,			
Schimunek Funeral Home 3331 Brebms Lane, Baltimore, MD													
	23. PART I, Enter the diseas	es, or complications to	hat caused the d	eath. Do	not enter the	mode of dv	ing. suc	Lane	Balt	Imore	, MD	21213 Approximate	
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
S	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  26. PLACE OF DEATH (Check only one)												
YSI	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   4 Nursing Home 5   Residence 6   Other (Specify)												
표	27. MANNER OF DEATH  1	28e. DATE (Month,	Dey, Year)	28b. TIN	JURY	INJURY AT WORK?		28d. DES	284. DESCRIBE HOW INJURY OCCURED				
B	2 Accident Investi	igation		,			NO						
ETED	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 289. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									te Number,			
COMPLET		G PHYSICIAN: To the best EXAMINER: On the basis of										nd manner ee stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CO	M	WE OF DEATHER	1/27 (Type	, Print)	1	4 2	73	6	× 9	SIGNED (M	Dorith, Day, Year)	
1	31. DATE FILED (Month, Day, Year)		AD	509	EA	57	Joi	PPI	r Ro	AD	1000	21286	
	SEP211	220 Printy	MANAGE . NO.	V4-8									



ITEMS: 23 PART I, II, 27, PER MEO FILM G-728 10/2/95 t.t

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO.		
	t. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	V VEAD	3. TIME OF DEATH
	PATRICIA IRENE	BO	BLITS			SEPT. 14	1995	2345 Pm
	4. SOCIAL SECURITY HUMBER 5. BEX	8. AGE (In yrs	s. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH	8. BIR	ITHPLACE (State or Foreign untry)
	217-34-6304	2 🗓 F 58	YRS.	MONTHS DAY	HOURS MIN.	JULY 27, 1	937 MA	RYLAND
	9s. FACILITY NAME (If not institution, give street and	number)		9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY OF	DEATH
S	ATLANTIC GENERAL H	OSPITAL :	E.R.	BERI	IN		WORCE	ESTER
DIRECTOR	RESIDENCE OF DECEDENT		T					I
뿐	10a. STATE 10b. COUNTY			r, town or Lo	CATION			10d. IHSIDE CITY LIMITS?
	MARYLAND HARFORD		AB	INGDON			1	t TYES 2 X NO
ZA!	100. STREET AND HUMBER				10f. ZIP CODE			F WHAT COUNTRY?
FUNERAL	812 EASTRIDGE ROAD				21009		U.S.A.	
5	1 Never Married 2 NV Married FOR	DECEDENT EVER IN U.S	X NO	If yes,	specify Cuban, Maxics		BI	ACE — American Indian, leck, White, stc.
B	3 Widowed 4 Divorced	ES, GIVE WAR OR DATES		1 🗆 1	ES 2 HO Specif	у.	Sp	WHITE
	15. DECEDENT'S EDUCATION	166		USUAL OCCUP		16b. KIND OF BUS	SINESS/INDUSTRY	1
ETE	(Specify only highest grade complete Elementery/Secondary (0-12) Colleg	d) e (1-4 or 5 +)	(Give kind of v life, Do NOT us	vork done during se retired.)	most of working			
PL	12TH GRADE		HOMEMA	KER		OWN HO	ME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1101111111		18. MOTHER'S NA	ME (First, Middle, Maiden		
E C	CHARLES A. LEUTNER SE	t.			CATHERI	NE B. LAMM	[	1
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
5	JESSE BOBLITS (HUSBAN	ID)	812	EASTRII	GE ROAD,	ABINGDON,	MD. 21	009
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from	20b. PL/		OF DISPOSITION			CATION — City or	
	4 Donation 5 Other (Specify)	HIG	HVIEW	MEMORIA	L GARDENS	9/19/95 FA	LLSTON,	MARYLAND
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE	/			AND ADDRESS OF FA		OF BEI	ATD TWO
	1.11111					ERAL HOME		MD. 21014
	23. PART I. Enter the diseases, or complic	ations that coused the	e death. Do r					Approximate
	shock, or heert fellure. List on	y one cause on each	lina.					Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition PUL	MONARY THROME	OFMBOLTS	SM COMPL	CATING CARC	THOMA OF THE	OVARY	
	resulting in death)	DUE TO (OR AS A CO						
7								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE O	F):				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events	DUE TO (OR AS A CO	NSEQUENCE O	F):				
E	resulting in death) LAST							
	PART II. Other significent conditions contr	fouting to death but i	not resulting	in the underl	/ing cause given in	Part I. 24s. WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS
DICAL	ATHEROSCLEROTIC CARDIC	-				PERPOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						I TALES :	Z NO	OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTI	TO CALISE OF I	SEATH VI	S D NO	UNCERTAI			THE TES 2 INO
AN	25. WAS CASE REFERRED TO MEDICAL			TH (Check only o				
200	EYAMINER?	PITAL: petient 2 X ER/Outpatie	nt 3 🗆 DOA	OTHER:	Iome 5 - Residence	& C Other /Specifici		
PHYSICIAN: M		a. DATE OF INJURY	28b. TIN	E OF 28c.	INJURY AT	28d. DESCRIBE HOW	NJURY OCCURED	
	X Natural 5 Pending	(Month, Day, Year)	IN.	JURY M 1	WORK?  YES 2 NO			
ВУ	2 Accident Investigation 2	. PLACE OF INJURY -	At home, ferm,	street, factory,	iffice	28f. LOCATION (Street		ral Route Number,
	4 Homicide 8 Could not be determined	building, etc. (Specify)				City or Town, State	)	
COMPLETED	29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To	the heat of my knowledge	n death occur	and at the time	tete and place, and du	to the cause(s) and me	nner sa stated	
MP	(Check only one) XX MEDICAL EXAMINER: On the							se(s) and menner as stated.
8	ALSIGNATURE AND TITLE DELCERTIFIER I				29c, LICENSE HU			NED (Month, Day, Year)
BE	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	11			O.C.M		▶ SEPT	15,1995
2	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH	(ITEM 27) /5~	Print)				
	MARIAR B. 16	R.71 W. 11	1 Pen	n Str	eet, Bal	timore, N	Marylar	nd 21201
	31. DATE FILED (Month, Day, Year)							
	SEP2 1 1995	DESTRAPS SIGNATURAL	Kerlett					
	Albi W di IVVV	_						

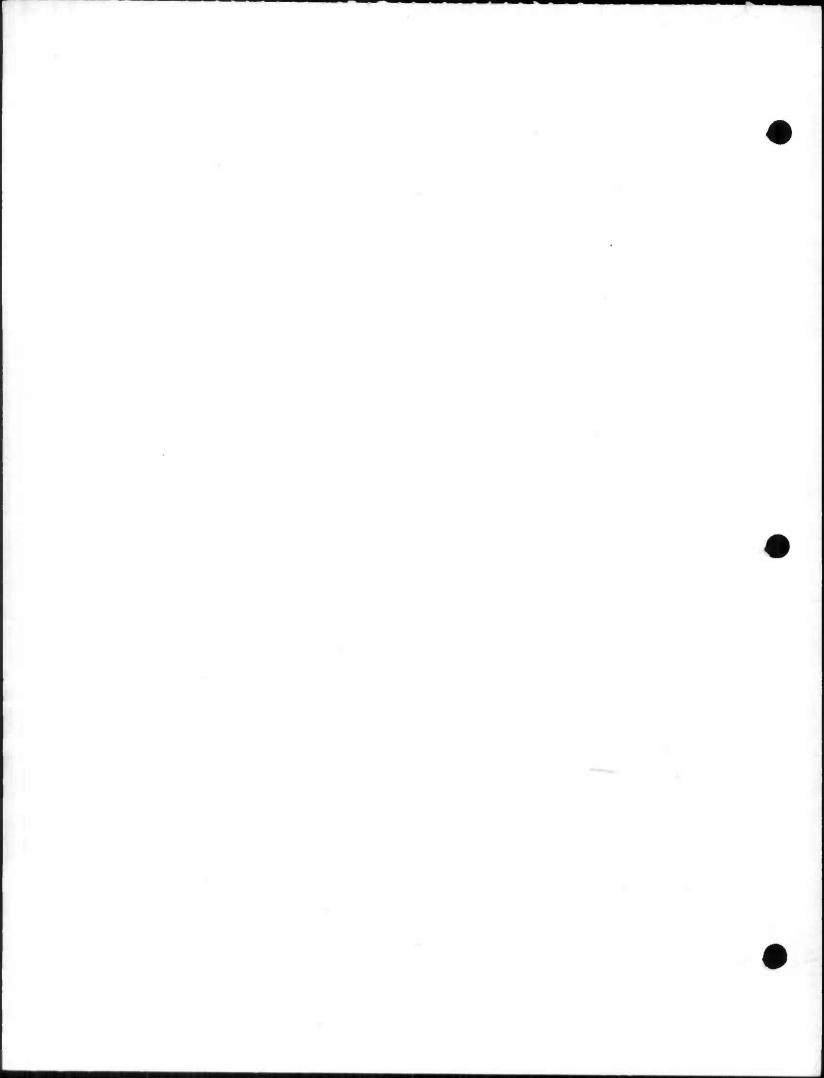
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 4 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



FOR

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31. OATE FILED (Month, Day, Year)

SEP211995

		1 - STATE REGISTRAR	STATE OF MARYL		DEPARTME RTIFICAT					GIENE			
		1. DECEDENT'S NAME (First, Middle, Lest)	+1995						2. DATE OF DE	EATH DAY	YEAR 95	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER 249-86-9602	5. SEX 6. AGE (	In yrs. lest b	YRS. MONTH	DER 1 YEAR B DAYS	IF UNDER	MIN.	7. DATE OF BIL (Month, Day, Mar. 2	Year)	8. BIRT Coun	HPLACE (State or Foreign	
2, 3 should	OR	John Deaton Nursi	*			altim		ON OF DE			N/A		_
<del>-</del>	[다	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT	Υ		10c. CITY, TOW	N OB LOCA	TION				,		_
permit. Pages	DIRECTOR	Maryland 100. STREET AND NUMBER	N/A			imore	11127					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	RA	1659 Abbotston S	troot			10	f. ZIP CODI					WHAT COUNTRY?	
215-0020 attending physician. ise as the burial-transit	BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARME 2 NO ATES	ED	If yes, sp	CENDENT C	n, Mexicar	IC ORIGIN? (Spe , Puerto Rican,	cify Yes or No	U.S.A  14. RAC Blac Spec	E — American Indian, ik, White, atc.	_
ttendii as t	8	15. DECEDENT'S EDU	ICATION	16a, DECE	DENT'S USUAL	OCCUPATI	ON		18h KIND	OF BUSINESS	/INFO ISTOV	Black	_
21 I or u	COMPLET	(Specify only highest grade Elementary/Secondery (0-12) 4th	College (1-4 or 5+)	(Give	kind of work do to NOT use retired NOOfer	ne during mo d.)	ost of working	ng		fing (		v	
The hospital detached	MO	17. FATHER'S NAME (First, Middle, Last)		1	COLEL		18, MOTI	HER'S NAM	ME (First, Middle,			У	_
2 8 8	i iii	Isiah Brockton							iggs		,		
retained 5 should	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILINO ADDRI	ESS (Street a			oute Number, City	y or Town, State	, Zip Code)		
2 e e e		Lillian Hollowa	У	16.	59 Abbo	otsto	n Sti	reet/	Baltim	ore, M	D 212	18	
CC E 1		20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 1 Need 4 Donation 8 Other (Speedy)	novel from State V	PLACE AND Betery, crema OSDE	ntory or other plea 1 Memo	osition/M	Gard	ens	9-23	20c. LOCATION Dunda			
death. P	1	SIGNATURE OF PUNERAL SERVICE LI	Alexent	D.	, 1 ²	ARCH	FUNE	SS OF FAC	HOME E			21202	
within 24 hours aft pletely filled in by cremation, or remode		23 PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ech line.	h. Do not ent	er the mo	de of dyl	ing, auch	aa cerdiec o	r reaplratory	arreat,	Approximata interval Between Onset and Dea	
P.O. BOX 687  h certificate be execute anding physician and co Hygiene prior to buria	RTIFICATION	Sequentially list conditiona, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR AS A DUE TO (OR AS A d										
L RECORDS, F law requires that the death is been signed by the atten ept. of Health and Merital	MEDICAL	PART II. Other algorificant condition  ADS DEMGN  SALMONE  DID TORAGO MET CONT	LOSIS N	FPH	LOPAT	44,			10	WAS AN AUTOP PERFORMED? YES 2 NO		D. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
law law	AN	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL			OF DEATH (Che		UNC	ERTAIN					_
SICIAN: The State the State	SC	EXAMINER?	HOSPITAL:		ндо	ER:							_
D HE HE	표	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	28c. INJ WO			28d. DESCRIBE		OCCURED	-	
TTENDI TTOR: A after of	ED	2 Accident Investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	— Al home.	, farm, atreet, f	actory, offic	•		281. LOCATION City or Town	(Street and Nur n, State)	nber or Rural i	Route Number,	
TAL OR VAL DIRI	: ∑		ICIAN: To the best of my knowl									a) and menner as stated.	_
TO THE HOSPI TO THE FUNEF De filed within	B	261 SIGNATURE AND TITLE OFFICERED						ENSE NUMI			DATE SIGNED	(Month, Day, Year) With 18, 7	_ え

E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Typo, Print)

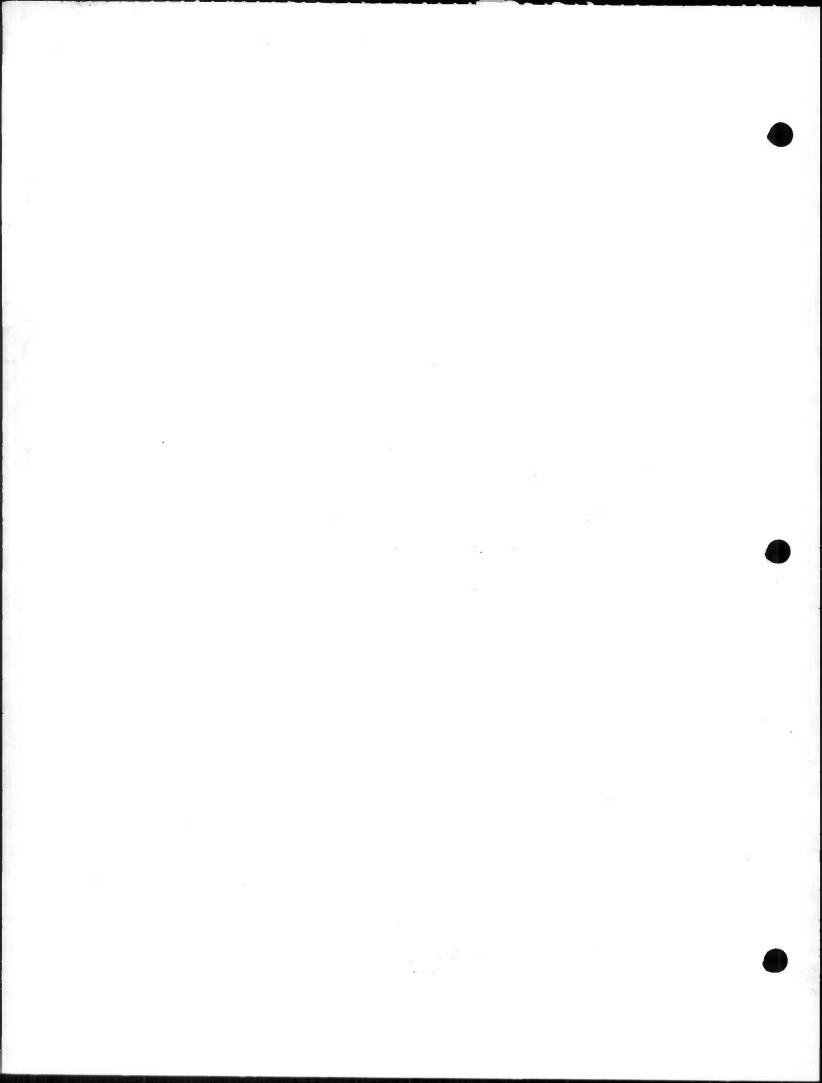
LIAN C. WALLACE, MW 611 J. CHARLES

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 shouls hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this to be filed within 72 hours after death with	IMPORTANT: If Item 28 is marke

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	OI	F DEAT	"H		REG. NO.

	1 - STATE STATE CERTIFICATE OF DEATH  STATE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) George J. Booker 2. Date of DEATH SUDNTH DAY 1995 2:00 A. M
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. less birthday)  1. PUNDER 14 HRS.  7. DATE OF BIRTH (Month, Day, Year)  2.17 - 30 - 0.097  1. M 2   F   G   YRS.  1. AGE (in yrs. less birthday)  1. F UNDER 14 HRS.  1. DAYS   HOURS   MIN.  1. OATE OF BIRTH (Month, Day, Year)  2. 19 - 9 - 19 3 4  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  1. AGE (in yrs. less birthday)  2. AGE (in yrs. less birthday)  3. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)  4. AGE (in yrs. less birthday)
TOR	98. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  PRESIDENCE OF DECEDENT  96. COUNTY OF DEATH  PA HIMBIE  PRESIDENCE OF DECEDENT
DIRECTOR	100. STATE 10b. COUNTY A 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  1 XYES 2 \( \subseteq NO
FUNERAL	100. STREET AND NUMBER, 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?  1319 Madison Avenue 21217 4.5-A
BY FUR	11. MARITAL STATUS  1 Never Married 2 Merried  1 Never Married 2 Merried  1 Never Married 2 Merried  1 Never Married 2 Merried  1 Never Married 2 Merried  1 Never Married 2 Merried  1 Never Married 3 Merried  1 Never Married 2 Merried  1 Never Married 2 Merried  1 Never Married 3 Merried 3 Merried  1 Never Married 2 Merried  1 Never Married 2 Merried  1 Never Married 2 Merried  1 Never Married 3 Merried 1 Never Merried Rican, stc.)  1 Never Married 2 Merried  1 Never Married 3 Merried 1 Never Merried Rican, stc.)  1 Never Married 3 Merried 1 Never Merried Rican, stc.)  1 Never Married 3 Merried 1 Never Merried Rican, stc.)  1 Never Married 2 Merried 1 Never Merried Rican, stc.)  1 Never Married 3 Merried 1 Never Merried Rican, stc.)
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working the. Do NOT use retired.)  So Cial Security
COMPLETED	12th grade Zurs Kerords Maintainaine Administration  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Meiden Surneme)
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- 0	23. PARTY. Enter the discusses, or complications that caused the death. Do not enter the most of dying, such as cardiac or respiratory erreat, ahock, or has fellure. Liet only one cause on each line.
	IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Due to (or as a consequence of):
NOI	Sequentially list conditions, If any, leading to immediate
CERTIFICATION	CAUSE (Disease or Injury that Initiated events Due to (OR AS A CONSEQUENCE OF):
1	PART II. Other algoriticent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS
EDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO
N.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN
SICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2  AO  1 Inpatient 2 ER/Oulpatient 3 DAA  4  Nursing Home 5 Residence 6 Other (Specify)
Y PHYSICIAN: MEDIC	27. MANNEB_OF DEATH  28a. DATE OF INJURY  1 Nortural 5 Pending  28a. DATE OF INJURY  (Month, Day, Year)  28b. TIME OF  WORK?  1 YES 2 NO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At home, larm, street, factory, office building, stc. (Specify)  28l. LOCATION (Street and Number or Rural Flouris Number, City or Town, State)
COMPLETED	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, and due to the cause(e) end manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, dasth occurred at the lime, date end place, and due to the cause(e) end menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  9118 95
0	JOEL MESHULAM 1147 S HANOVER ST BALTIMORE MD 21230
	31. OATE/FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	SEPTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often death. Dans
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		FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN		
		DECEDENT'S NAME (First, Middle, Last)	Frank Joh				2. DATE OF DEATH	AY YE.	3. TIME OF DEATH 95 7:00A M
uka		216-09-9752	1 X M 2 - F	79 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	?. DATE OF BIRTH (Month, Day, Year) Oct. 5,1	915	BIRTHPLACE (State or Foreign Country) Maryland
, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give stre 7399 Belmont Avel RESIDENCE OF DECEDENT				on Location of De undalk	EATH	Bal	of DEATH Limore
nit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY Maryland	Baltimore	10c. CIT	Y, TOWN OR LOCAT		ıdalk		10d. INSIDE CITY LIMITS?  1 YES 2 NO
an. ransit permit.	NERAL	100. STREET AND NUMBER 7399 Belmont Aver					21224	Unit	of what country? ted States
21215-0020 al or attending physician. for use as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 X NO	If yes, sp		IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	1	RACE — American Indian, Black, White, stc. Specify: White
O 21215-0 pital or attending of for use as the	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ATION ompleted)  College (1-4 or 5+)	(Give kind of v life. Do NOT us		ON ost of working	16b. KIND OF BU		RY
MARYLAND of retained by the hospital should be detached to notified at once.	COMPL	8 Years 17. FATHER'S NAME (First, Middle, Last)		Carper	<u>iter</u>	18. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)	Industry
MARYL retained by 5 should be notified at	BE	Frank Brush 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street 4	Lilli	an Jagust		
	D 10	Mrs. Gertrude V. 1		7399	Belmont	Avenue	Dundalk,	Marylar	nd 21224
e 6 m rector,		20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	Sac	PLACE AND DATE OF THE COLOR HIT.	of disposition (Na ther place) Mari	y Cem. 9	DATE 20c. LO	Dundalk	r. Maryland
BALTIN bours after death. Pag d in by the funeral di or removal. medical examiner		I that h	- Lish		7922 (	Ruck Funi Wise Ave.	eral Home • Dundalk	of Duna . MD 2	dalk, Inc.
d within 24 hours a purpletely filled in by cremation, or remedeet, the media		23. PART I. Enter the disease, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	int only one cause on each	Rule	money	1 1		ratory arreat,	Approximata interval Between Onset and Death
DX 68/ be execute clan and co or to buria	CATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	Tumor	E. A	Poil A	PM. E	/	- 2 mouth
P.O. B th certificat ending phy I Hygiene p or ether	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF		A N	rung		70,7 72
In the the	MEDICAL O	PART ii. Other aignificant conditions	contributing to deeth but	t not resulting i	in the underlying	g cause given in	Part i. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
w requires that been signed of, of Health 3 shows am	Z: ME	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YE	S 🗆 NO 🗀	UNCERTAIN			1   YES 2   NO
AN: The law ifficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26 HOSPITAL:	6. PLACE OF DEAT	TH (Check only one)				
OF VIT PHYSICIAN: TI this certificate with the State ted, or iter	HYS	1 VES 2 NO 1 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpeti 28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 26c. INJ	Ne 5 Residence	6 Other (Specify)  26d. DESCRIBE HOW II	NJURY OCCURE	D ~
After the death v	ВҰ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could get be	28s. PLACE OF INJURY —	- At home, ferm, s	M 1 🗆 Y	YES 2 NO	28f. LOCATION (Street a	and Number or B	ural Boute Number
OR ATTEN ORECTOR: hours after item 28 I	ETED	4 Homicide determined	building, stc. (Specify	0			City or Town, State)	THE PROPERTY OF THE	rei rodio vamoe,
1 2 4 E	COMPLET		AN: To the best of my knowled On the besis of examination e						use(e) end manner ee stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7	72	_	DI41	2 2 /	29d. DATE SIG	INED (Morith, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON WHO	completed gause of Death		Lun B.	A 47 W	10 2/22	1	0.73
		SEP 2 1 1995	32. REGISTRAR'S SIGNAT	URE M					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whim 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ITEM: 2. PER MEDICAL FACILITY FILM G-727 9/21/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 145,1995 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 4pm LIBBY BRODSKY JAN. 17,1903 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 217-07-9253B 92 RUSSIA 1 - M 2 XF 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MILFORD MANOR NURSING HOME BALTIMORE BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE N/A 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 4227 LABYRINTH ROAD 21215 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify ВY 3 🕅 Widowed 4 🗌 Divorced WHITE 6 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) ET Elementary/Secondary (0-12) College (1-4 or 5+) COMPI HOUSEWIFE OWN HOME 6 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) RUBIN KOLTUN HANNAH UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. JOSEPH BRODSKY 11602 TERRYTOWN DRIVE REISTERSTOWN, MD 21136 200 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) (ANSHE EMUNAH) AITZ CHAIM-9-17-1995-BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. nos 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or has Approximate Interval Batween Onset and Dasth IMMEDIATE CAUSE (Final disease or condition relmas resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CIA 0 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO U COMPLETION OF CAUSE 1 7 YES 2 1 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 YES 2 THO 27. MANNER OF DEATH 28e. DATE OF INJURY 285 TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO В Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 6 Could not be Homicide 4 🖂 determined 29a. CERTIFIER COMPL 1 ECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated, 295. BIGNATURE AND TITLE OF CERTIFIER

Type, Print)

PARK 5 U 31. DATE FILED (Month, Day, Year)
SEP 2 1 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death.

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit

and

signed by

has been

certificate

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permit.

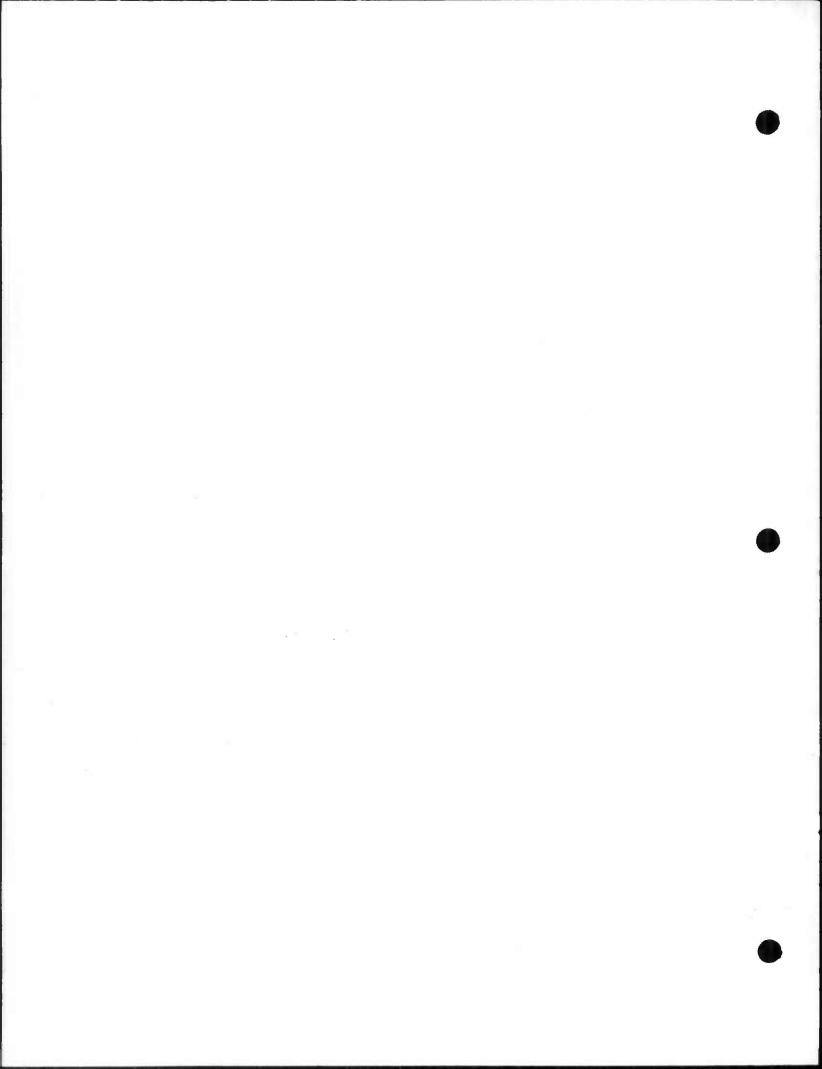
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Mary E.Bannerman 10:45 995 Sent. 16 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) DATE OF BINING (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 82 YRS. DAYS HOURS. 1 M 2X DF April 217-20-9253 Sa. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Sandtown Winchester N.H. Baltimore N/A RESIDENCE OF DECEDENT 10a STATE 105 COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD n/a Baltimore 1 XXES 2 NO FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 10s. CITIZEN OF WHAT COUNTRY? 2400 W. Lafayette Ave. 21216 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 DD Specify: 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried В Specify: Black ₹ Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 5th Broker Real Estate 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) notified at Clarence Neale BE Ruth Steward 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Frances Spencer Riggs Ave. Baltimore, MD 99 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Buriel 2 Cremetion 3 Removal Irom State New Cathedral □ Donation 6 □ Other (Specify) 9/23 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March Funeral Home West 10 4300 Wabash Ave. Balto., Md medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter tha mode of dying, such as cardiec or reapiratory arrest, Approximate ahock, or heart failure. Liet only one cause on each line. Interval Between 8 IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ Gerebro Vasa resulting in death) traumatic event, burial, COGRETIVE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING 9 ANIC other t CAUSE (Disease or injury CONSEQUENCE OF that initiated events resulting in death) LAST Theno 6 the atten Mental H PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS amy AVAILABLE PRIOR TO COMPLETION OF CAUSE Health 1 TYES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN A PHYSICIAN: Dept. g 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) Item State HOSPITAL: 1 | YES 2 1 | Inpetient 2 | ER/Outpetient 3 | DOA Nursing Home 5 Residence 6 Other (Specify) 6 the 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with marked. 1 Natural 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY Accident Investigation 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide 8 Could not be COMPLETED 4 Nomicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end placa, end due to the cause(e) and menner as atated. THE HOSPITAL I THE FUNERAL C (Check only one) TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I MEDICAL EXAMINER: of exemination end/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29CALICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year) BE 95 MIGICIAN 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type.

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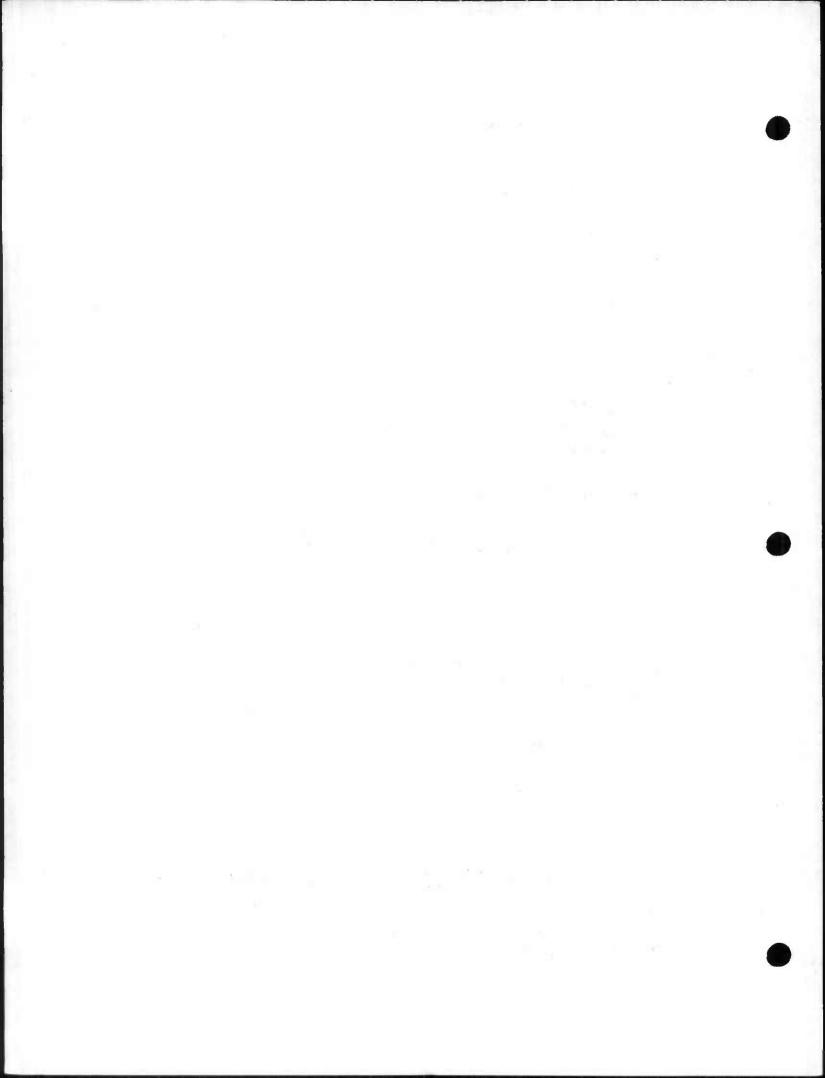


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DIVISION OF VITAL RECORDS, P.O. BOX 687

OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If item 28 Is marked,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN	Ε					
	1. DECEDENT'S NAME (First, Middle, Last)	FRANK BOONE				2. DATE OF DEATH DO SEPTEMBE	ž 19, [*]	3. TIME OF DEATH 1995 12:35 Pm				
			EX 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE				8.	BIRTHPLACE (State or Foreign				
	244-22-9532	<u>₽</u> ZM 2 □ F	73 YRS. MON	THE DAYS	HOURS MIN.	(Month, Day, Year) Feb. 7.	1922	NC				
	9a. FACILITY NAME (If not institution, give street	and number)	9b.	CITY, TOWN C	R LOCATION OF DE		9c. COUNTY					
DIRECTOR	Prince Georges Hospital n/a Prince											
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c CITY TO	WN OR LOCAT	ION			ted, INSIDE CITY				
E			10-11 0111, 10				LIMITS?					
	10e. STREET AND NUMBER	Georges		Tuxe	ZIP CODE		10a, CITIZEI	1 ☐ YES 2 ☑ NO				
FUNERAL	5903 Beecher St				2078	5						
N N		. WAS DECEDENT EVER IN U.S.	ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	IIS A se or No — 14. RACE — American Indian,					
	t Never Married 2 Married	FORCES? 1 YES 2				n, Puerlo Ricen, atc.)		Black, White, etc. Specify:				
ВУ	3 Widowed 4 🔀 Wivorced						1	Black				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade communication)	ON t6s.	(Give kind of work of life. Do NOT use reti	lone durina mo		16b, KIND OF BUS	SINESS/INDUS	TRY				
J.E		college (1-4 or 5+)		,								
OMF	7 t.h		Truck	DIIVE		ME (First, Middle, Maiden		orporation				
	Frenchy Boone				2477 1047 MILES	e Weeks	Sumame)					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a		Poute Number, City or Tow	n. State. Zio Co	odel				
2	Cheryl Boone	-	5903	Beech	er St.	Tuxedo,	MD 2	0785				
	20s. METHOD OF DISPOSITION		CE AND DATE OF DIS	SPOSITION /Na				y or Town, State				
	1 Duriel 2 Cremetion 3 Removal 4 Donation 6 Other (Specify)		remetory or other p	lace)		9/24 R	bins	, NC				
	21. SIGNATURE OF FUNERAL SERVICE LICENS				D ADDRESS OF FA	CILITY						
	Me in Ca	Maria		James	A. Mo:	rton & So	ons F	uneral Home				
	23. PART I Enter the disesses, or com	plications that caused the	desth. Do not e	nter the mo	de ot dying, suc	has cardisc or resp	ratory srres	Md 21217				
	Infock, Dr heert fellure. List pnly pne cause on each line.											
	disease or condition Matactala Anactata Paracta											
	resulting in death)  s. /// AS A CONSEQUENCE OF:											
z												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or injury											
E	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST											
ä	d			-								
	PART ii. Other significent conditions of	ontributing to death but no	ot resulting in th	e underlyln	g ceuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
MEDICAL	congestine	plant fa	ileor	14	nem.	t TYES	<b>100</b>	COMPLETION OF CAUSE OF DEATH?				
ME	malnut	Lition						1 TYES 2 NO				
	DID TOBACCO USE CONTRIB				UNCERTAI	N AZ						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	LACE OF DEATH (C	heck only one) HER:								
×S		npetiont 2 ER/Outpetien	1 3 DOA 4 C	Nursing Horr		6 Other (Specify)						
	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	266, TIME OF INJURY		RK?	28d. DEŞCRIBE HOW	INJURY OCCUI	RED				
BY	2 Accident Investigation	26s. PLACE OF INJURY — A	I home form street		rES 2 NO	261, LOCATION (Street	and Mumber or	Character Manufacture Street				
ED	3 Suicide 8 Could not be determined	building, atc. (Specify)	, none, raini, acreei	, includy, offic		City or Town, State,		nurer noute number,				
COMPLETED	29a. CERTIFIER											
MP	(Check only	N: To the best of my knowledge On the basis of examination and										
		TO THE DESIGN OF SAME PARTY STATE OF SAME	or movement on, m	my opinion, c								
B	29b. SIGNATURE AND TITLE OF CERTIFIER	TPIla.	11/1		29c. LICENSE NUI	74	29d. DATE S	HIGNED (Month, Day, Year)				
2	30, NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (	TITEM 27) (Type, Print	")	V344	-1-1	7	20.12				
	SAM TellA	Wi, 30	OI H	050	ITAL	Dr. Ch	ever	y MD				
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	te Dept. of Health and Mental Hygiene prior to burial, cremation, or	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate ha	be filed within 72 hours after death with the Star	IMPORTANT: If Item 28 is marked, or Iter

DIRECTOR

FUNERAL

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CERTIFICATION

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CAUSE (Disease or Injury

that initiated events

3 Suicide

4 Homicide

95 28386 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR Ruth Bailey 11:18 AM m September 995 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6/23/1914 Pennsylvania 171-24-5083 1 M 27 F 81 YRS. 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Agnes Hospital N/A Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? toe. STATE N/A Baltimore Maryland 1 X YES 2 | NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1701 Eutaw Place 21217 USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 X Merried Specify: 3 Widowed 4 Divorced **Black** 16a. DECEDENT'S USUAL OCCUPATION 15. OECEOENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Nursing Home Elementary/Secondary (0-12) 12th 2+ Nurse 18. MOTNER'S NAME (First Middle Meiden Surname) 17. FATNER'S NAME (First, Middle, Last) Walter Murray Sarah Dorsey 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 536 E. 27th Street, Patterson, NJ 07514 Ruth Ann Street 20a. METHOD OF DISPOSITION

| Burial | 2 | Cremetion | 3 | Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Nama of DATE Arbutus Memorial Park9/22 Arbutus, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE I. Ester the diseases, shock, or heart tailu r complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, . List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) HEMOON HAGE CEREBRAL OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING

resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.

DUE TO (OR AS A CONSEQUENCE OF):

24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL

HOSPITAL: 4 Nursing Home 5 Residence 8 Other (Specify)

1 YES 2 NO 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident

6 Could not be

determined

26c. INJURY AT 1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

21229

29a. CERTIFIER 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER RESIDENT PHYSICIAN Maloneo

29c. LICENSE NUMBER PO7537

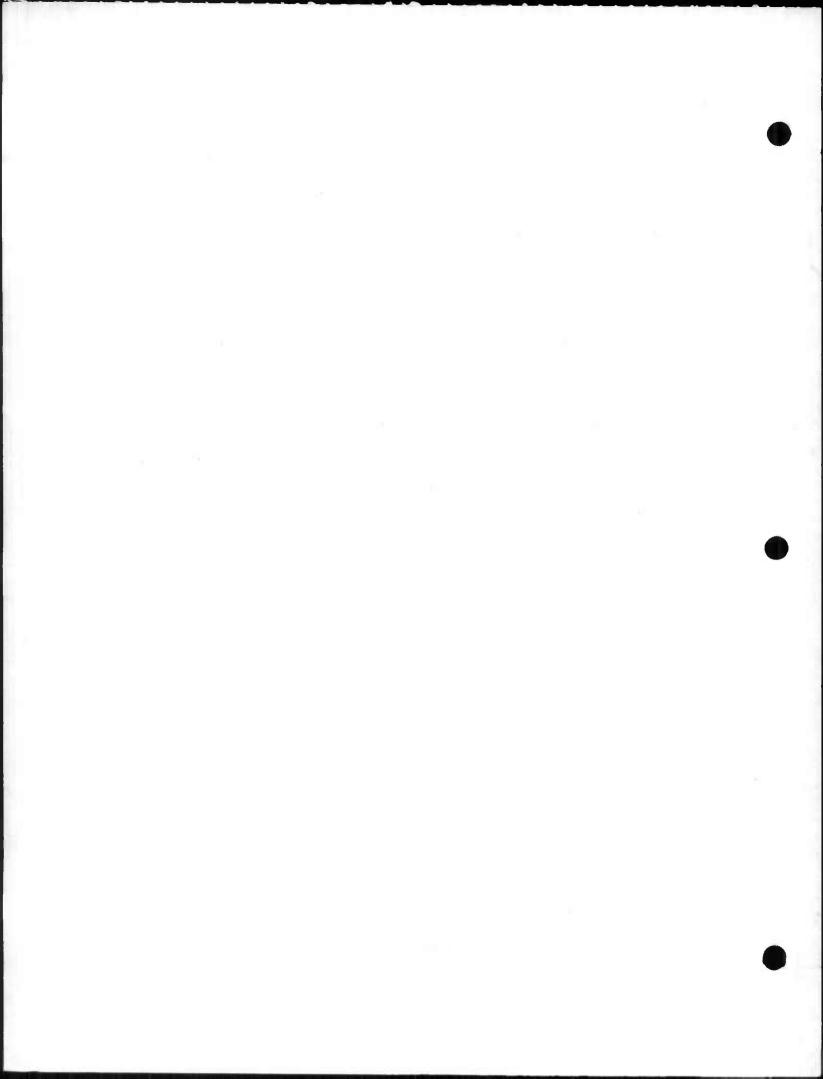
BOLTIMONE MO

29d. DATE SIGNED (Month, Day, Year) DEPT 17, 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATN (ITEM 27) (Type, Print) HOSPITAL

NGNES 900 CATON AVE 31. DATE FILED (Month, Day, Year)
SEP 2 1 1995

32. REGISTRAR'S SIGNATURE



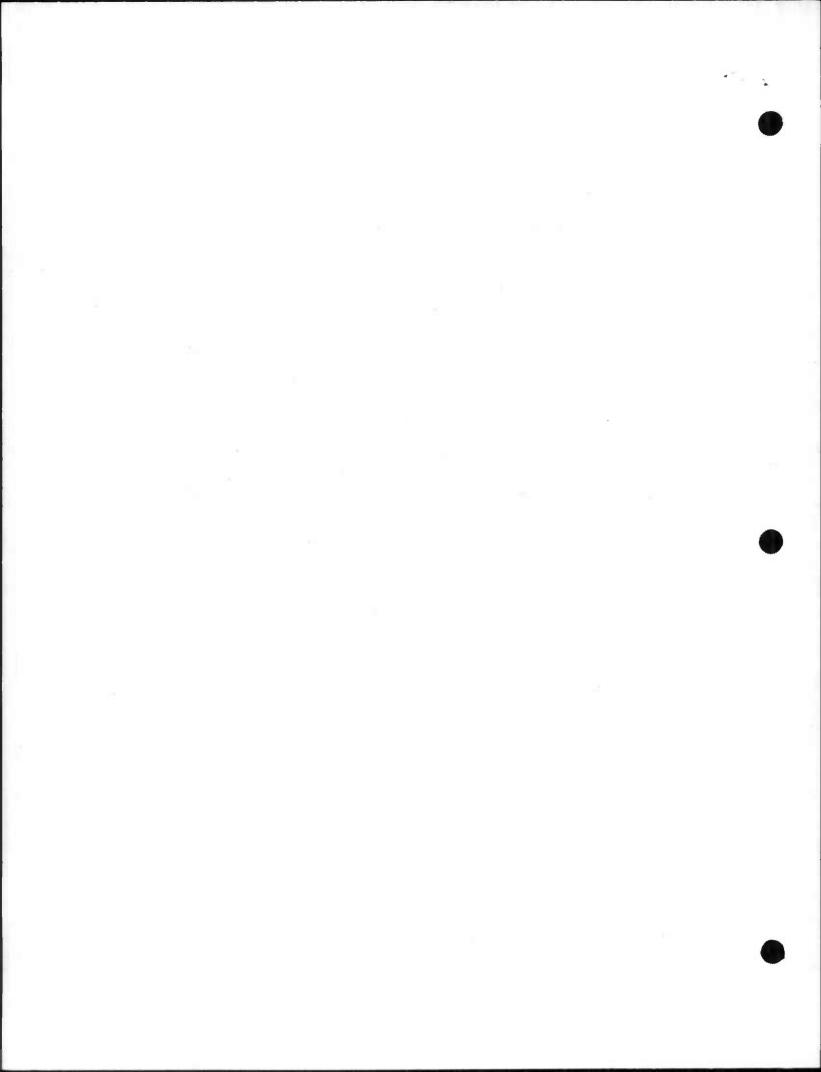
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	BEG NO

•		FOR STATE REGISTRAR		STATE OF MARYL	AND /	DEPARTM	TENT OF I	HEALTH AND	MENTA	L HYGIEN				
		1. DECEDENT'S NAME (First, A		Zahath		Rya			MONTI	OF DEATN	AY	YEAR	3. TIME OF DEATN	
		4. SOCIAL SECURITY NUMBE					UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	-	BIRTN	20.46 M	
		578-12-2	914 1	□ M 2 💢 F	8-4	YRS. MO	NTHS DAYS	HOURS MIN.	(Monti	nber 20	- 1	Countr	ginia	
3 should	~	9a. FACILITY NAME (If not institution, give street and number)						OR LOCATION OF DE	EATH		9c. COUNT		EATN	
1, 2, 3	CTOR	St. Agnes Hosp					Baltimor	e			N/	A		
8	DIREC	No. of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of					c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS? V		
ait. F		100. STREET AND NUMBER					Catonsville							
st pe	ERAL	711 Academy Road					21228					10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
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pe par	BY	1 Never Married 2 Married   FUNCES 7 1 YES 2 N N   3 M Widowed 4 Divorced   IF YES, GIVE WAR OR DATES			NO  If yee, specify Cuban, Maxican, Puarto Rican, et  1  YES 2  NO Specify:					etc.)  Bleck, White, atc.  Specify. White				
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o de	о Ш	Webster Lee						16. MOTHER'S NA Lillian						
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must p		1 To Burial 2 Cremation 4 Donation 6 Other (S	3 🗆 Removal	from State Con	netery, cre	matory or other	isposition (Na place) Sep	tember 21,	1995	20c. LO Ralt	cation — ci cimore,			
iner n	ı	21. SIGNATURE OF PURPORAL		ee /	, OIL	Ivet (a)								
the funeral director, page wal.		22. NAME AND ADDRESS OF FACILITY Leroy M. & Russell C. Witzke Funeral Homes 1630 Edmondson Avenue Catonsville, Marylane 21228												
the attending physician and completely filled in by the 1 Mental Hygiene prior to burial, cremation, or removal injury, or other traumatic event, the medical e	CERTIFICATION	23. PART I/Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  Approximate Interval Between Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
In the	PHYSICIAN: MEDICAL C	PART II. Other aignificant	conditiona co	ontributing to death b	out not r	esulting in th	ne underlyin	g ceuse given in	Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
Dept. o	ä	DID TOBACCO US		UTE TO CAUSE O				UNCERTAIN	N 🖸					
State h		25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	H	OSPITAL:			HER:		191 100					
d, or	ž I	27. MANNER OF DEATN	110	Inpetient 2 FER/Outs 28a. DATE OF INJURY	patient 3	26b. TIME OF	28c. INJ	IURY AT		(Specify) CRIBE NOW II	NJURY OCCU	RED		
与 7 世 1、	BY	1 Natural 5 Pe	ending restigation	(Month, Day, Year)		INJURY		PRK? YES 2 NO						
after d			ould not be termined	26s. PLACE OF INJURY building, etc. (Spec	— At hor	me, farm, stree	t, factory, offic	a	281. LOCA City o	ATION (Street a or Town, State)	nd Number of	Rural A	oute Number,	
AC =	COMPLE			: To the best of my known the basis of examination									and manner as stated.	
五百 2	IO BE C	296 STONATURE AND TITLE O	J- Ja	cheson, V	w			29c. LICENSE NUN	4BER 659		DATE SEP	Herm	(Month. Day, Your) ber, 18, 1995	
,   '		30, have any address of Philipped	I Jac	MPLETED CAUSE OF DE	ATN (ITEM	1 27) (Type, Prin 100 Ca	ton A	tre , B.	elt,	more	, art	٥. :	ber, 18, 1995	
0		31. SEP 2 1 1995	Inlin	REGISTRAR'S IGN										



**BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

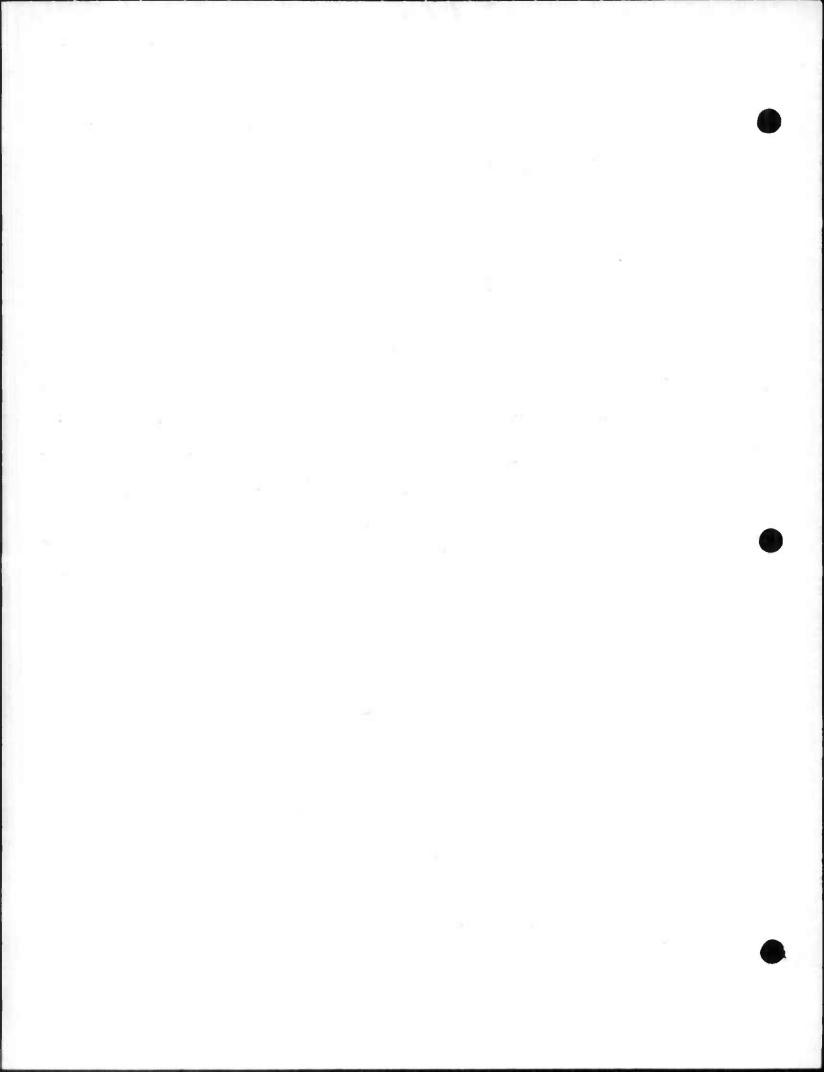
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	,	
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYG	IENE
REGISTRAR	CERTIFICATE OF DEATH REG	NO.

	REGISTRAR	C	ERTIF	ICATE	OF	DEATH		REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEA	ТН
	Jacqueline D		В	RIDGE	MAN					1995	11:55	рм
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. I	est birthday)		$\overline{}$	IF UNDER 24 HRS.	7 DATE	OF BUDTH		8. BIRTH	PLACE (State or F	
	215-52-4890 1 M 2 X F  9e. FACILITY NAME (if not institution, give street and number)	51	YRS.		September  I YEAR IF UNDER 24 HRS. DAYS HOURS MAN. TOWN OR LOCATION OF DEATH  ESSEX  OR LOCATION  THOTE  101. ZIP CODE  21213  WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year of If yea, specify County Markean, Pusito Rican, etc.)  1 YES 22 NO  Specify:  CCUPATION  18. MOTHER'S NAME (First, Middle, Maiden S Neller E. Williamore, Williamore)  3 (Street and Number or Pural Route Number City or Town, YON AVENUE, Baltimore, Hornor Fundament of Baltimore, Baltimore)  WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year of If yea, specify County Markean, Pusito Rican, etc.)  1 YES 22 NO  OWN H  18. MOTHER'S NAME (First, Middle, Maiden S Nelle E. Williamore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltimore, Baltim			ryland				
DR	Franklin Square Hospita.	l					2. DATE OF DEATH DAY SEPTEMBER 13  RECORDE 1. DATE OF BIRTH JULY 27,1944  CATION OF DEATH 9c., CO. Ba  CODE 1213  NT OF HISPANIC ORIGIN? (Specify Yea or No-Cuben, Maxican, Puarto Rican, etc.)  NO Specify:  Working 0WN HOME  MOTHER'S NAME (First, Middle, Maiden Surname)  Nellie E. Williams  Report of Rural Route Number, City or Town, State, Zerue, Baltimore, Maxican, Puarto Rican, etc.)  DATE 20c. LOCATION - 9/18 Catonsv  DRESS OF FACILITY  LENSS Funeral Home  IS ROAC, Baltimore,  dying, such as cardiac or reapiratory as dying, such as cardiac or reapiratory as dying, such as cardiac or reapiratory as discussed at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause(a) and manner as structured at the time, data and place, and dua to the cause (a) and manner as structured at the time, data and place, and dua to the cause (a) and manner as structured at the time, data and place, and dua to the cause (a) and the cause (a) and the cause (a) and the cause (a) and the cause (a) and the cause (a) and the cause (a) and the cause (a	unty of o				
5	RESIDENCE OF DECEDENT								De	al CIII	ore	
DIRECTOR	Maryland Baltimore C	ity		Y, TOWN OR		ON					10d. INSIDE CIT	
	10e. STREET AND NUMBER				_	ZIP CODE			100 CI	TIZEN OF Y	VHAT COUNTRY?	NO
FUNERAL	3914 Kenyon Avenue								log. Ca		S.A.	
BY FUI	1 Never Married ZVVMarried FORCES?	NT EVER IN U.S. A I YES 2 (2) MAR OR DATES		If y	es, spe	offy Cuban, Maxica	an, Puarto F	n, Puarto Rican, etc.) Black, White				en,
	15. DECEDENT'S EDUCATION	16a. D	ECEDENT'S	USUAL OCCI	IPATIO	N .	145	KIND OF BUK	INEGE III	DUETRY	White	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5	+)	'Give kind of v le. Do NOT us	vork done duri se retired.)	ing mos	t of working	100.	KIND OF BUS	SINE 33/IN	IDUSTRY		
WP.	17. FATHER'S NAME (First, Middle, Last)	F	Iomema	ker								
C	DeWeerd Teague											
BE	19a. INFORMANT'S NAME (Type/Print)	1	9b. MAJLING	ADDRESS (S	Street ar	d Number or Rural	Ploute Numb	ner City or Tow	n Stata Z	in Cortel		
٥	Ronald Jack Bridgeman										21213	
	20s. METHOD OF DISPOSITION  1 Burial 2 X Franction 3 Removal from State 4 Donation Disposition			of DISPOSITION		ne of						ınd
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE	CX/	14				CILITY					
	Jugan Durger	Hear	20)	363	PF	alls Ro	ad, I	altim	ore,	Mary	land	
	23. PART I. Error the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest.  Approximata Interval Between Onset and Death disease or condition a. Metastatic colon cancer											
NO	DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSI			_							
EHI	resulting in deeth) LAST											
	PART II. Other aignificent conditions contributing to	death but not	reaulting i	n the unde	rlying	cause given in	Part I.	24e. WAS AN	AUTOPSY	24h	WERE AUTOPSY F	INDINGS
DICAL								PERFOR	MED?		AVAILABLE PRIOR COMPLETION OF OF DEATH?	TO
ME	DID TORACCO LISE CONTRIBUTE TO CA	UCE OF DE	ATLL VE	C-FF NG	-						1 TYES 2 T	NO
IAN	DID TOBACCO USE CONTRIBUTE TO CA			H (Check only	-97	UNCERIAII	иПІ					
SIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2	ER/Ovination	3 □ DOA	OTHER:	Mama	E - Paridana	6 - Other	(Sactor)				
PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE Of (Month, L	INJURY	26b, TIM	E OF 28	c. INJU	RY AT			NJURY O	CCURED		
B	2 Accident Investigation	F INJURY — At h	ome, farm, a			ES 2 NO	287 1 000	TION (Street o	and Blumbu	e as Dumi D	Printe Mumber	
ETEO	4 Homicide 6 Could not be determined building	etc. (Specify)		1	, omes		City o	or Town, State)	no Ivamoi	er or moral m	ioute Number,	
COMPLET	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the best of MEDICAL EXAMINER: On the best of MEDICAL EXAMINER: On the best of MEDICAL EXAMINER: On the best of MEDICAL EXAMINER:	my knowledge, é	heath occurs	the Ilma	, data a	and place, and due	to the cau	ee(a) and man	ner as st	sted. he cause(s'	) and manner as a	tated.
C	296. SIGNATURE AND TITLE OF CERTIFIED	-/	1		-						(Month, Day, Year)	
0	Imhalling	Nel	n									
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITI	EM 27) (Type,	Print)		וככנכת			Se	ptem	ber 15.	1995
	Michael Auerbach 9	000 Fra	nklin	Squar	e I	rive R	lalti.	nore	Md	2123	7	
	SEP2 1 1995 ALL SALES	The Carry All		_ // 1000 [				W.E.	- 4 - 4			



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

ITEM: 14. PE	R F.H.	FILM G-72
FOR STATE REGISTRAR		STATE OF
1. DECEDENT'S NAME (First	Middle, Lest)	
ALFREDO	A	BUNDA
4. SOCIAL SECURITY NUME	ER	5. SEX
586-60-54	51	1 🐹 M 2 🗌 F
9a. FACILITY NAME (If not in	stitution, give :	
St. Agnes	Host	pital
RESIDENCE OF DEC	CEDENT	
10a. STATE	10b. COUNT	Υ
Md.	Bal	timore
10e. STREET AND NUMBER	17	
810 Crosb	v Rd	-Balti
11. MARITAL STATUS		12. WAS DECED
1 Never Married 2 No	Married	FORCES?

MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,								2. DA	TE OF DEATH		WEAR	3. TIME OF DEA	TH
	ALFREDO	A	ABUNDA		CAL	AMBR	0		SEP	TEMBER"	"18 1	995	0925	A M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTI	IPLACE (State or F	
	586-60-54	51	1 💹 M 2 🗌 F	83	YRS.	MONTHS	DAYS	HOURS MIN.		onth, Day, Year)		Count	ry)	
	Sa. FACILITY NAME (If not ins	titution, give :	street and number)	0)		9b. CITY	, TOWN	OR LOCATION OF		25-12		NTY OF D	lippin	162
DIRECTOR	St. Agnes	Host						more C				N/A		
2	RESIDENCE OF DEC	EDENT 10b, COUNT	~		40 000									
E					10c. CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CIT LIMITS?	Υ
	10e, STREET AND NUMBER	Bal	Ltimore		C	ator		ille					1 YES 2	LNO
¥.	100. STREET AND NUMBER						101	. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?	
FUNERAL	810 Crosb	y Rd	-Baltin	nore. M	d.			21228			U	S.A		_ 10
5	11. MARITAL STATUS  1 Never Married 2 1		12. WAS DECEDEN FORCES? 1	TEVER IN U.S. ARE	MED	13.	WAS DEC	ENDENT OF HISPA	ANIC ORIG	in? (Specify Yes	or No-	14. RACI	E — American Ind k, White,	lan,
ВУ	3 Widowed 4 Divor		IF YES, GIVE W	AR OR DATES				2 NO Spec		o riicani, etc.)			y Asiai	
		DENT'S EDU		3-59									White e	
COMPLETED	(Specify only	highest grade	completed)	(Gh	re kind of	Work done		ON st of working	.10	Sb. KIND OF BUS	INESS/IN	DUSTRY		
21	Elementary/Secondary (0-	12)	College (1-4 or 5 d	•)		se retired.)								
M	Grade 12  17. FATHER'S NAME (First, Min			S	erv	icer	nan			U.S.		nv		
								18. MOTHER'S N	IAME (First	, Middle, Maiden	Sumame)			
BE	Martin Ca		ro					Mar	ia A	bunda				
6	19a. INFORMANT'S NAME (Ty			196	MAILING	ADDRESS	(Street a	nd Number or Rure	I Route Nu	mber, City or Town	n, State, Zij	Code)		
	Julita B.	Cala	mbro	8	10	Cros	sby	RdB	alti	more.	Md	21	228	
	20a. METHOD OF DISPOSITION 14. Burlal 2 Cremation	ON n 3 □ Rem	noval from State	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	me of	DA	TE 20c. LO	CATION -	City or To	wn, State	
	4 Donetion 5 Other	(Specify)		- Arlin	eto	n Na	at!	1.Cem.	9-12:	5-95	Arl	inst	on Va	
1	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	-	/	22.	NAME AN	O ADDRESS OF F	FACILITY					
	De 100	70	am C	to him				1 Balt				al F	ike	- ( - 1
	23. PART i. Enter the dis		Schwab	t named the dec	th Do		Sal	timore	Mc	1. 212	29			1 177
	ahock, or he	art fellure.	List only one ceu	se on each ilne.	itn. Do i	not enter	tne mo	de ot dying, su	ich aa ca	rdiec or respi	ratory an	rest,	Approxim	
	IMMEDIATE CAUSE (Fine)													
Ì	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Onset and Daath    Morur   Morur									ir				
ı			DUE TO	(OR AS A CONSEO	UENCE O	F):							-9	
S	Sequentially list condition	one.	Hy	OR AS A CONSEO	sia	L							204	MEM
Ě	if any, leading to immed cause. Enter UNDERLYIN	liete	1	ION AS A CONSEO	UENCE O	F): /		distan					7.1	_
CERTIFICATION	CAUSE (Disease or injur		· Coro	naus	ant	wy		austeur	e				104	ews
Ē	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  resulting in death) LAST													
<b>英</b>			d									_	-	
	PART II. Other algolficar	nt condition	ns contributing to	deeth but not re	suiting	In the un	deriying	ceuse given in	n Part I.	24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY F	INDINGS
MEDICAL			_				,			PERFOR	MED?	1	AVAILABLE PRIOR	TO
										1 YES 2	₽ NO		OF DEATH?	
_ "	DID TORACCO H	T CONT	DIDLITE TO CA	LICE OF DEAT	711 145		=						1   YES 2	No
PHYSICIAN:	DID TOBACCO US		KIBUIL TO CA					UNCERTA	IN 14					
2	EXAMINER?	MEDICAL	HOSPITAL:	/		OTHER	,							
.¥S	1 YES 2 NO		1 Inpatient 2 is			4 🗆 Nuri	ing Hom	e 5 🗆 Residence	8 Ott	ner (Specify)				
	27. MANNER OF DEATH  1 Natural 5 P	hadina	28e. DATE OF (Month, Di	INJURY ny, Year)	28b. TIM INJ	E OF URY	28c. INJ	URY AT RK?	28d. DI	ESCRIBE HOW IN	JURY OC	CURED		
à l		rvestigation				М		ES 2 NO						
		ould not be	28e. PLACE Of building,	F INJURY — At honests. (Specify)	ne, farm, s	street, facto	ory, affle		281. LO	CATION (Street a	nd Number	or Rural F	loute Number,	
COMPLETED	4 Homicide d	etermined								,				- 1
3 1	29a. CERTIFIER 1 CERTI	FYING PHYSI	ICIAN: To the best of	my knowledge, dea	th occurre	ed at the ti	me, date	and place, and du	e to the c	ause(a) and men	ner ea atai	led.		
8													and menner as s	stated.
	and occurred as the time, date and place, and due to the cause(a) and member as stated.													
H	Kunda	Span	from					D 385			290. DAT	E SIGNED	(Month, Day, Year)	00-
2	30. NAME AND ADDRESS OF	PERSON WIL	O COMPLETED CAUS	E OF DEATH OTHER	27) /5-	Onint		0 303	7)		26	1 pern	W 18,1	775
	12/2/1/	,		DA A	ZI) (lype,	Print)	6/	D385	400	16 11	101-		N 7/12	0
	AL DATE EN ED MACH	CRN6		4000	1100	NA	~	10-1-11	-WK	ر المرا	426	NI	) (11)	7
	SFP2		32 HEGISTRA	R'S SIGNATURS	latt.									
W	DEPA	1 1333	James and	MANAGE AND A	Jan.									1

COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

Oncology

31. DATE FILED (Month, Day, 16ar)
SEP 2 1 1995

DIVISION OF VITAL RECORDS, P.O. BOX 68760 DIRECTOR:

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he	. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	te De	is marked or item 23 shows any injury or other traumatic event the medical examiner must be notified at once
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DING	After	death	ma.
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BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JEROME-CARRON JEROME J. CORRON Sept. 1995 19 11:05 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 3-19-1942 DAYS HOURS 1 X M 2 - F 53 212-40-2549 YRS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3118 Baybriar Rd. Dunda1k Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT IDc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Dundalk 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 3118 Baybriar Rd. 21222 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced 1978 White 1960 -16a. OECEDENT'S USUAL OCCUPATION

(Calus kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grede (Give kind of work done iiie. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Merchant Marine Armed Forces 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Samiuel Julian Corron Zanada Alma Ruediger BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Leslie Marie Corron 3118 Baybriar Rd. Baltimore, Md. 21222 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 🖾 Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Metro Crematory of other place) 9-20 Catonsville, Md 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk hthous 7110 Sollers Point Rd. 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fallure. List only one ceuse on sech line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition Metastotic rend cell carringma resulting in death) 6 months DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 DE NO 1 YES 2 1 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \( \Boxed{1}\) NO \( \Boxed{\omega}\) UNCERTAIN \( \Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Inpstient 2 - ER/Outpatient 3 - DOA 4 I Nursing Home 5 Residence 6 I Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) ETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) end manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. Medical anadegy 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE (LOND) MUPITD 9/19/95 Fellow 046331 2

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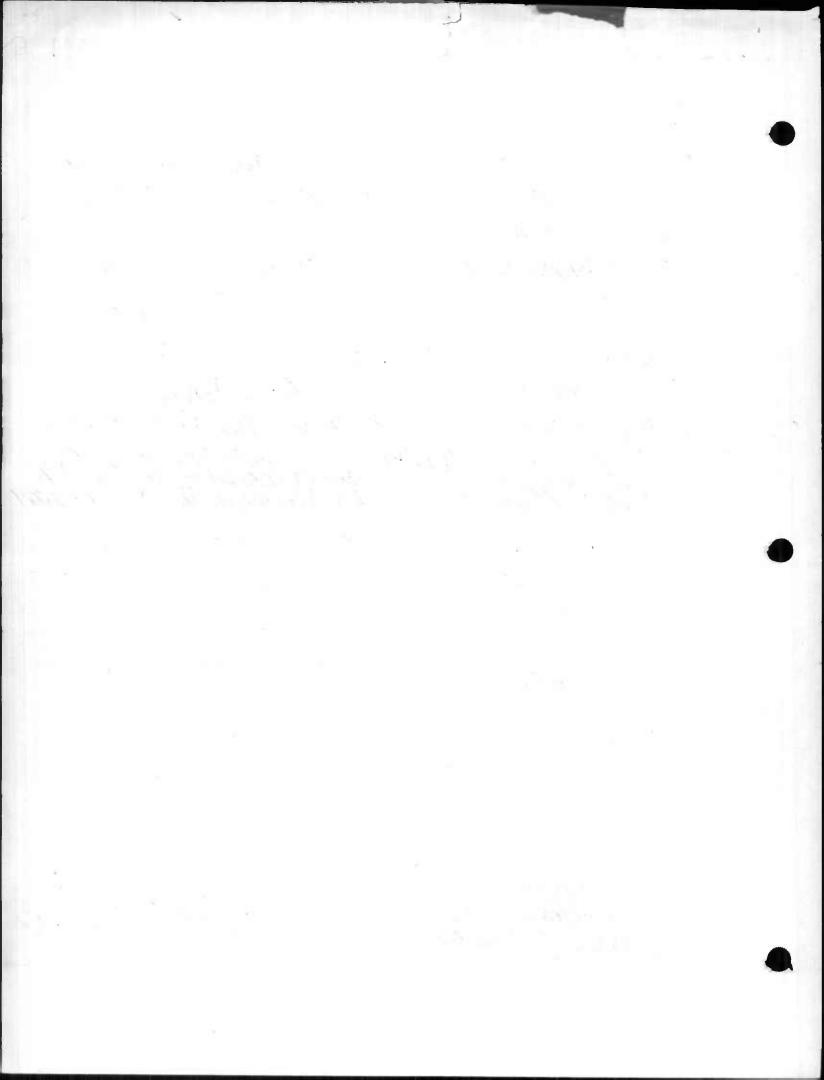
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## BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	after death with the State Dept. or Health and Mental Hygiene prior to bunal, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific	be filed within 72 hours after death with the S	IMPORTANT: It item 28 is marked, or i

1 - FOR STATE REGISTE	IAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	NAME (First, Middle, Lest)	CHESTN			2. DATE OF DEATH DAY SEPT /6	95 1 1	2 05 A M		
217-0	URITY NUMBER  HOH4  AME (II not institution, give str	5. SEX 6. AGE (In	yrs, last birthday) IF UNI YRS. MONTH	DER 1 YEAR SF UNDER 24 HRS. S DAYS HOURS MIN.	FEB. 14, 1954 LARGINIA				
^	BON GECOM	VR.		MATIMORE	5 N/A				
RESIDENCE 10a, STATE	10b. COUNTY	V/A	10c. CITY, TOW	LTIMORE			INSIDE CITY		
100. STREET A  2 1  11. MARITAL ST	33 RAV	NETZ AL	15,	101. ZIP CODE 2121	6 109	CITIZEN OF WHAT	COUNTRY?		
3 Widowed	11. MARITAL STATUS  1 Never Married  2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ABY FORCES? 1 YES 2 N  IF YES, GIVE WAR OR DATES			II. WAS DECENDENT OF NISPA II yee, specify Cubrit, Maxic 1 YES 2 NO Speci		BLAC	14. RACE — American Indian, Black, White, atc.		
Elementary	15. DECEDENT'S EDUC (Specify only highest grade of Secondary (9-12)		16e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire)	ne during most of working	166. KIND OF BUSINES	HING-			
17 FATHERS N	AME (First, Middle Lyst)  5RT HAM	TION		AL	AME (First, Middle Yelden Surni				
ROLA	VD JOHN	150N	2433	BAYNER	AVE, BA	TIMD,	21216		
4 C Denution		1/	25170	OSTTION (Nagle of	14/95 BOL	IMPB	mp.		
21. SIGNATURE	Server 1	Mul		OTO TOED	HATCH HIVE	S BATT	MO NON		
disease or cresulting in  Sequentially if any, leading cause. Enter CAUSE (Distribution of the cause.)	thock or heart failure. L	Gasto one cause on ea	CONSEQUENCE OF):	er the mode of dying, su Tinal Those	oh an durdine or resignation  Bleec	lug	Approximats Interval Between Onset and Death		
		contributing to death bu		underlying cause given in	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2	AMA CON OF	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
DID TOE	ACCO USE CONTR	BUTE TO CAUSE OF	DEATH YES		IN O				
DID TOE  25. WAS CASE EXAMINER 1 VES  27. MANNER O 1 WHUTS	F DEATH	HOSPITAL: 11 Impetient 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year)		HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1   YES 2 NO	6 Other (Specify)  28d. DESCRIBE NOW INJUI	RY OCCURED			
a D Suintel	2 Accident Investigation						Number,		
4 Nomic  29a. CERTIFIE (Check ent	TECENTIFYING PHYSIC				ue to the cause(a) and menner ne time, data and place, and du		d manner as stated.		
29b. SIGNATUR	ADDRESS OF DERSON WHI	COMPLETED CAUSE OF DEA	TH (ITEM 27) (See Print)	29c. LICENSE N	985 29	d. DATE SIGNED (Mo	nth, pay, Year)		
A	WB ACHO		CETTS	24311	yardal.	ar 1	15/10		
31. DATE FILE	21 1995	TZ. PAGISTRAR'S SION	Nell				101		

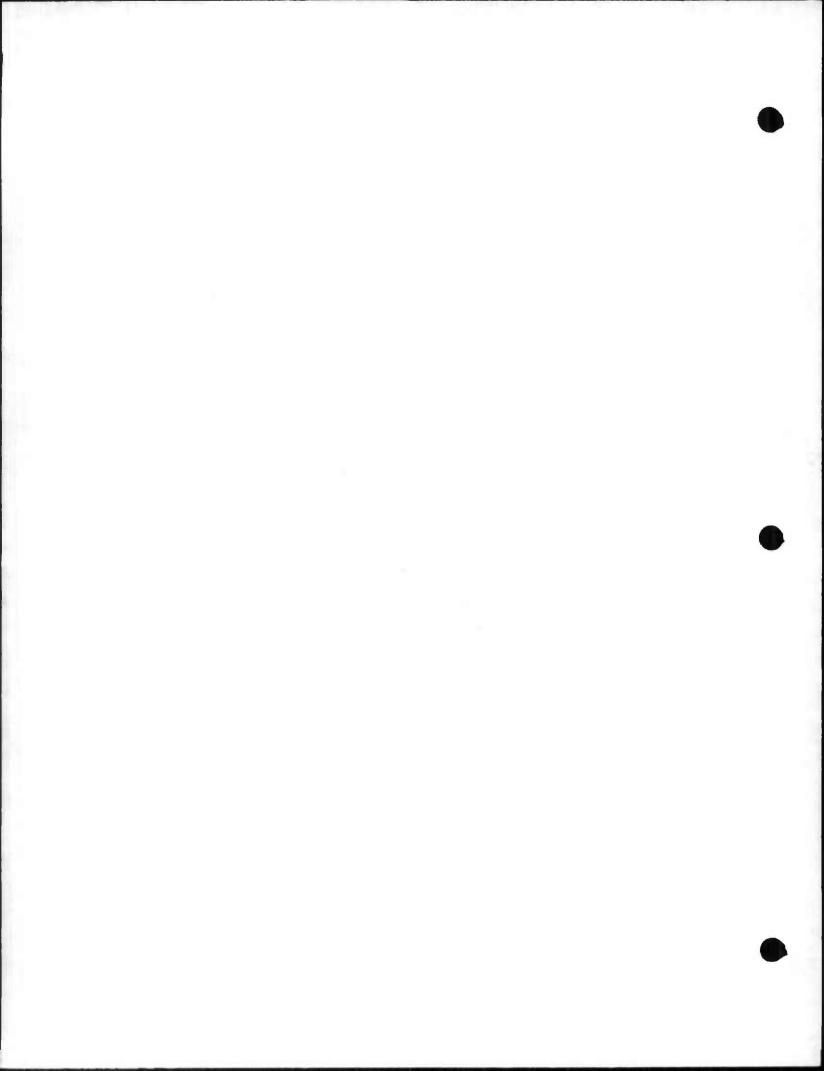


	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	HYS	his c	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ced,
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR CERTIF	TMENT OF I	HEALTH AND N	MENTAL HYGII		2.0054		
	1. DECEDENT'S NAME (First, Middle, Last)  LOUIE	S		OOR		2. DATE OF DEATH MONTH SEPT 17  2. DATE OF DEATH SEPT 17  2. DATE OF DEATH 0150  2. DATE OF DEATH 0150  2. DATE OF DEATH				
	4. SOCIAL SECURITY NUMBER 113-09-7735	1 🗶 M 2 🗆 F	GE (In yrs. last birthday)  88 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Morth, Day, Year) December 1		B. BIRTHPLACE (State or Foreign Country)  Maryland		
TOR	9a. FACILITY NAME (If not institution, give atreet and number) University of Maryland Hospital RESIDENCE OF DECEDENT			Baltin	OR LOCATION OF DE					
DIRECTOR		Arundel		y, town on Loca Sadena	TION			10d. INSIDE CITY LIMITS? 1  YES 2 X NO		
FUNERAL	400 Stately Drive			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 21122 United States						
84	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YO IF YES, GIVE WAR OF WW II	ES 2 NO	If yes, sp	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, apecify Cuban, Maxican, Puerto Rican, etc.)  1 ☐ YES 2 ▼ NO Specify:  1 ☐ YES 2 ▼ NO Specify:  Chines					
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)				16b. KIND OF I	Jusiness/Indu	STRY		
w	UIRGIOWII				16. MOTHER'S NAM Unknown	RE (First, Middle, Maid				
TO B	190. INFORMANT'S NAME (Type/Print)  Catherine G. Door		19b. MAILING 400 S	ADORESS (Street	and Number or Rural R Drive Pas	oute Number, City or T	own, State, Zip Caryland	1 21122		
	20b. PLACE AND DAT  1 X Burlel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE.			Park Cem	etery	9/23 Wo		y or Town, State , Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE.		Mitc 6500	nd aconess of fac hell-Wied York Roa	lefeld Ho d Balti	ne, Inc	C. AD 21212		
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final	omplications that cause or List only one cause or	sed the daeth. Do n n each line.	ot enter tha mo	ode of dying, such	as cardlec or rec	plratory arres	at, Approximata interval Between Onset and Death		
	disease or condition resulting in death)	DUE TO (OR A	ARDS S A CONSEQUENCE OF	·):						
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	TIC SHOCK S A CONSEQUENCE OF	•						
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF							
ا د ا	PART II. Other significent condition	PROSTAT:		o the underlyin	a course short la F	Dest Law was				
MEDICA					g couse given in		ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	DID TOBACCO USE CONTR	BUTE TO CAUSE	OF DEATH YE					1 Tes 2 No		
PHYSICIAN:	EXAMINER?	HOSPITAL: 142 Inputient 2 ER/O		OTHER:	ne 5 🗆 Residence 6	3 Other (Specify)				
ву Рн	27. MANNER OF DEATH  XX Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJUR (Month, Day, Yes	r) INJ	M 1	YES 2 NO	20d. DESCRIBE HOV	/ INJURY OCCU	RED		
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	26e. PLACE OF INJU building, etc. (S	IRY — At home, farm, s (pecify)	treet, factory, offic	•	281. LOCATION (Street City or Town, Sta	t and Number or (e)	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINED	CIAN: To the best of my kn	owledge, death occurre	d at the time, data	and place, and due t	to the cause(s) and n	enner as stated	couse(s) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		Wer ?		29c. LICENSE NUME		29d. DATE 8	SIGNEO (Month, Day, Year) EPT 17 1995		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	OEATH (ITEM 27) (Type.	Print)	V ) 6		1			

22 S GREENE ST BALTIMORE, MD #21201

32. REGISTRAR'S SIGNATURE



HOSPITAL OR ATTENDING PHYSICIAN: The law

FUNERAL within 72 h IMPORTANT: II

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use as the burial-transit ğ director, page 5 should be detached 76 notified 9 must examiner the funeral removal medicai filled in by ŏ the and completely fi o burial, cremation event. traumatic the attending physician at Mental Hygiene prior to other 6 injury. has been signe Dept. of Health n 23 shows a this certificate has h with the State De arked, or item 2 of the marked, After t 40 DIRECTOR: A pours after d litem 28 is

Pages 1, 2, 3 should

permit.

95 28393 ITEM: 7. PER F.H. FILM G-727 9/21/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last)
HATTIE 2. DATE OF DEATH 3. TIME OF OEATH DOUGLAS SEPTEMBER 14,1995 6:00 A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yee 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1916 159-10-0889 1 X M 2X X F 79 Sept. 1915 S Carolina 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH CITY MEREDIAN - HOMEWOOD BALTIMORE n/a DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY MARYLAND n/a XX YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21212 BELLONA **AVENUE** 6000 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 X Never Merried 2 Merried 1 TES 2 X NO Specify BY Specify: BLACK 3 Widowed 4 Divorced ETED. 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL @ 6th **SEAMSTRESS FACTORY** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Charlie Snipe Elsie 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 BRENDA HOWELL BEAVERBROOK ROAD, BALTIMORE, MD 21212 729 METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20a, METHOD OF DISPOSITION
1 X (Burlat 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Arbutus, MD 9-19 Arbutus Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nw WM. C. MARCH FH.-1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause pn each line. Approximata Onset and Death IMMEDIATE CAUSE (Final diseese pr condition Chnon.c 6 mm resulting in death) OUE TO (OR AS A CONSEQUENCE OF): cacher. a CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 245 WERE AUTOPSY FINDINGS MEDICAL 24s. WAS AN AUTOPSY PERFORMED?

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) HOSPITAL .

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES ZXX NO 1 YES 2X XNO

Bast

25. WAS CASE REFERRED TO MEDICAL OTHER: 1 YES 2XXNO 1 Inpatient 2 ER/Outpetient 3 DOA 4 X Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO _ 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide determined

29e. CERTIFIER

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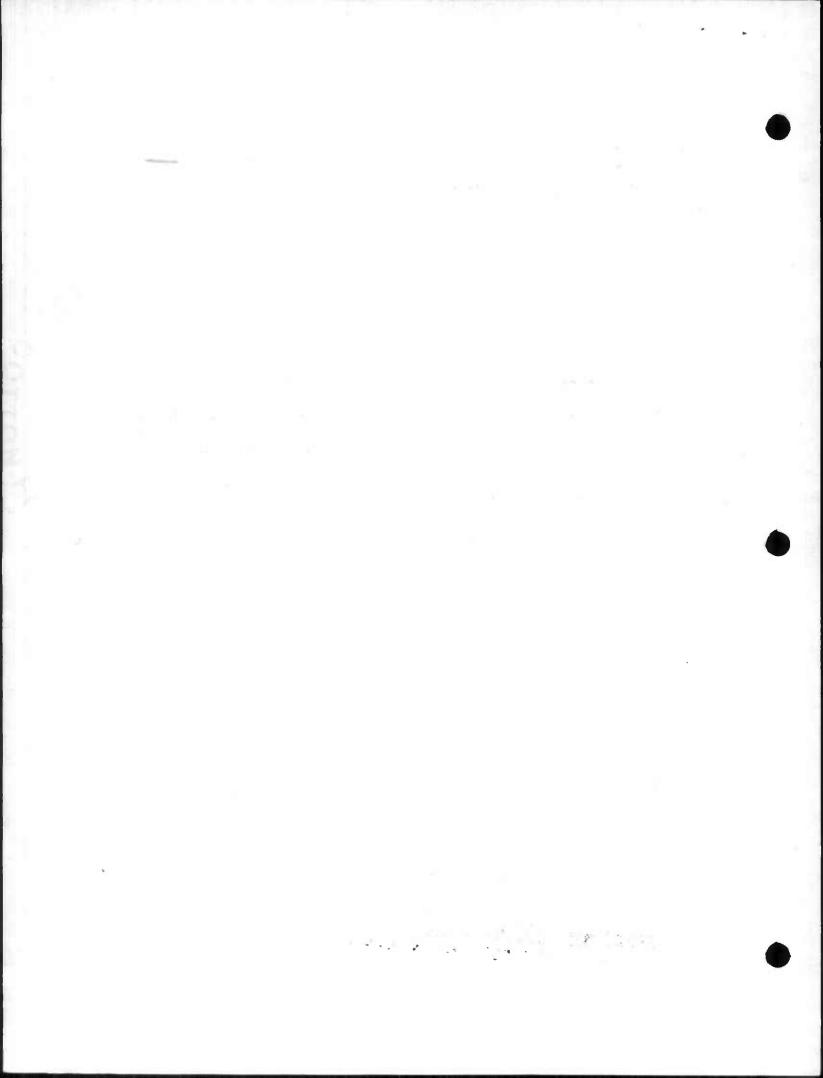
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year m Kion 031865 15

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Rm 20% 821 Cutar street

22. AEGISTRAB'S SIGNATURE

31. DATE FILED (Months Day, Year)



TO THE HOSPITAL DR ATENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	.92	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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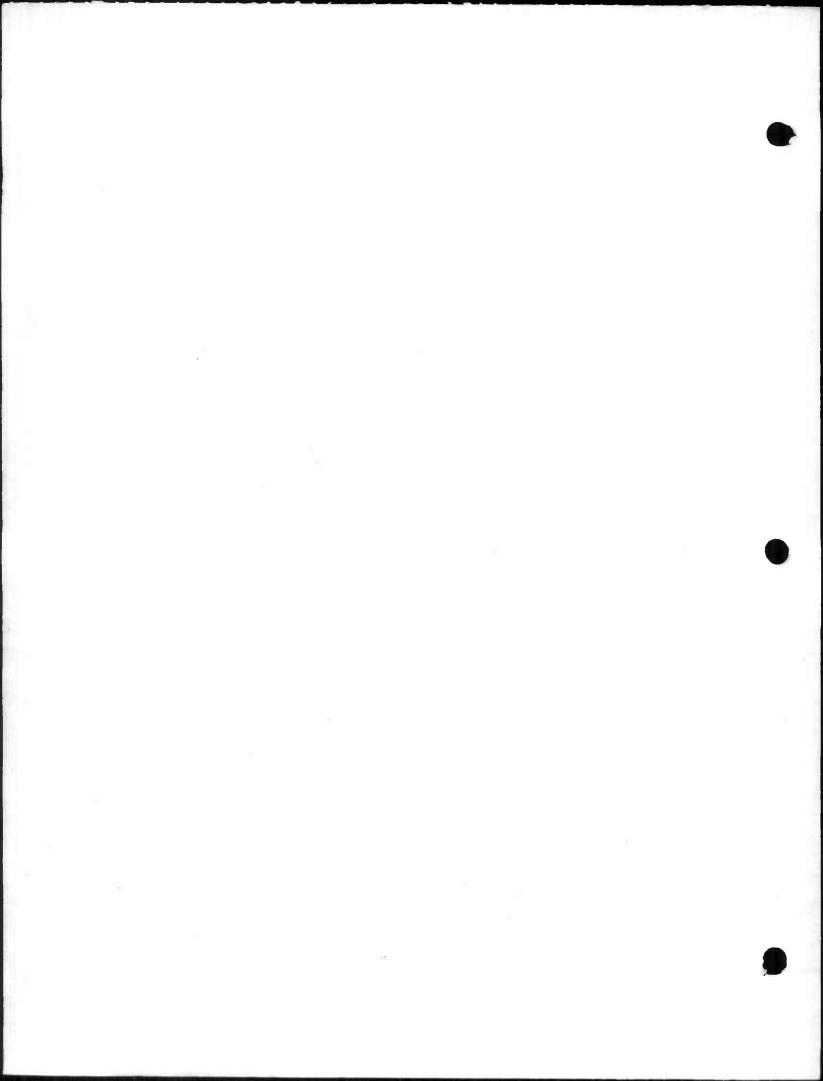
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL	HYGIENE REG. NO.			
	4111 10 0010	JoAnne A SEX 6. AGE (In yrs. last	MONTHS	Sar Ner I YEAR IF UNDER 24 HRS. DAYB HOURS MIN.	SOOT 7. DATE O	OF BIRTH		+-	ME OF DEATH
OR	90. FACILITY NAME (If not institution give street Mercy HOSO	and number) STERIAL MOSPICE		y, TOWN OF LOCATION OF D	EATH		SOUNTY OF	DEATH	4
DIRECTOR	100. STATE 10b. COUNTY	NA	10c. CITY, TOWN	ymore				1/3	INSIDE CITY LIMITS? YES 2 NO
FUNERAL		AULNUE  2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1   YES 2 DA	MED 13.	WAS DECEMBENT OF HISPA		? (Specify Yes or No	— 14, RA	4.	S 14 merican Indian,
ED BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced  15. DECEDENT'S EDUCAT (Specify only highest grade cor	IF YES, GIVE WAR OR DATES	CEDENT'S USUAL O	1 TYES 2 THO Speci	ty:	KIND OF BUSINESS	Sp	ochy:B	lade
COMPLET			Do NOT use retired.)	owing Author	-/-	City .	of E	Batt	inae
TO BE CO	190. INFORMANT'S NAME (Type/Print)	S.r. 19h	. MAILING ADDRES	ROSa S (Street and Number or Rural	hi	dsey			
_	20s METHOD OF DISPOSITION  1								toto  In hel
	21. SIGNATURE OF FUNERAL SERVICE LICEN  Delta Conduction	SEE	22 U	arch F. H. U	Vest We	abash A	ul ]	Balt	21215 to, Mil
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):						r arrest,		Approximata interval Between Onset and Deatl
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
EDICAL CE	PART II. Other algoriticant conditions of	contributing to death but not re	eaulting in the u	nderlying cause given in	Part I.	24a. WAS AN AUTOI PERFORMED? 1 YES 2		COMI OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE MEATH?  YES 2 NO
IAN: M	DID TOBACCO USE CONTRIE		TH YES   E OF DEATH (Check		IN 🗆				169 2 10
Y PHYSICIAN: MEDICAL	1 U YES 2 NO 1 27. MANNER OF DEATH 1 Neturel 5 Pending	HOSPITAL:   Inpatient 2   ER/Outpetient 3   28s. DATE OF INJURY (Month, Day, Year)	DOA 4 Nu 28b. TIME OF INJURY	R: Insing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO		ner (Specify) //DSP/OE ESCRIBE HOW INJURY OCCUREO			
ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At hos building, etc. (Specify)	me, ferm, street, fed	ctory, office		ATION (Street and Nu or Town, State)	N (Street and Number or Rural Route Number, wn, State)		
COMPLET	and and	AN: To the best of my knowledge, de On the beels of examination end/or i						e(e) and	manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Washington of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	100 (5-10-10-10-10-10-10-10-10-10-10-10-10-10-	29c. LICENSE NU	JMBER OF87	29d.	DATE SIGN	ED Mon	th, Day, Year)

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER DYOYSO	29d. DATE SIGNED (Month, Day, Year)

			-					
30.	NAME AND ADDRESS OF	F PERSON V	WHO COMPLETED CAU	JSE OF DEATH (ITEM 27) (Type, Print)	580	REPAIR	RA	
	FORMANDO	· V.	Fereko,	MO	BAN	an on	212	06

LEDWANDO	V.	PERRO, MD	
1 DATE FILED (Month Day Year	1	32. REGISTRAR'S SIGNATURE	

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BALTIMORE, MARYLAND 21215-0020	rithin 24 hours after death. Page 6 may be retained by the hospital or attending
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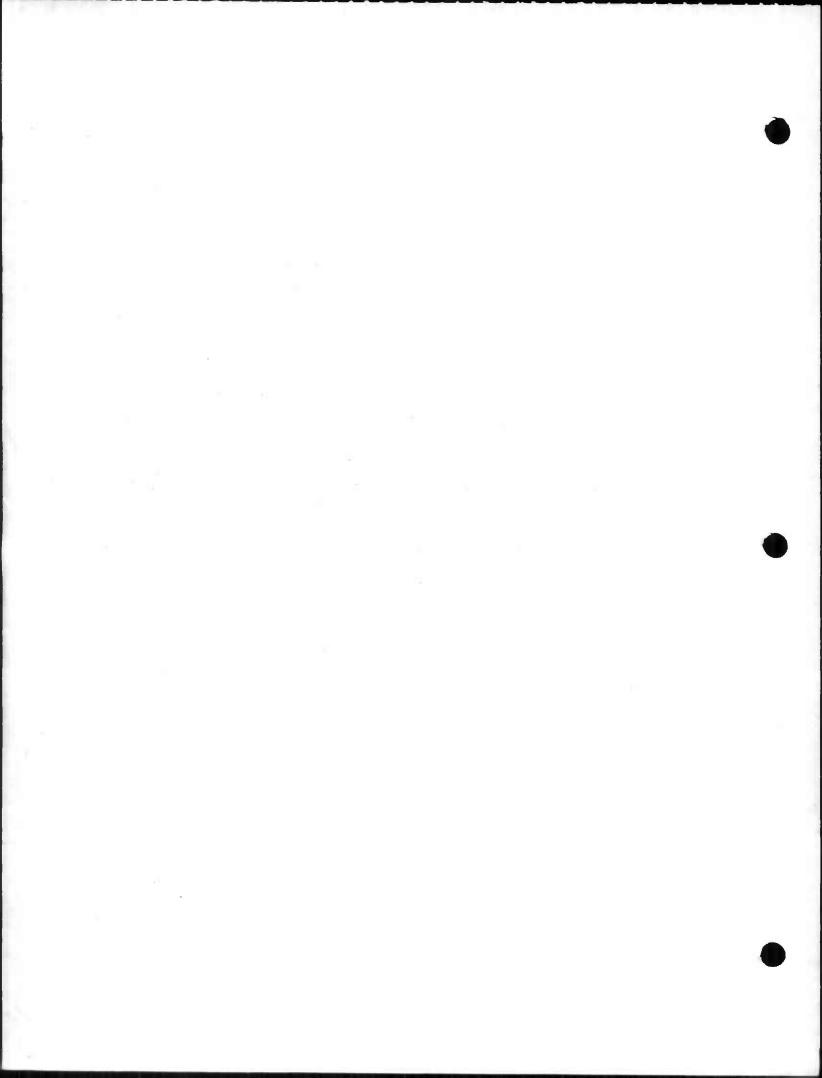
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Realth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	MEGIOTHAN		<u> </u>	11 107	1 - 01	DEAIII		ned. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Davis					MONT	of DEATH DA	18,19		TIME OF OEATH 8:03 DM	
	Sarah  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	day) IF UR	IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State_or Foreign	
	212-56-3458	1 M 2 WF 43 YRS.				HOURS MIN.	6 29 50 South Can				ith Carolina	
œ	98. FACILITY NAME (If not institution, give street and number)  Page 1889 - Model and Contact				Z. I.L.	OR LOCATION OF DEATH					TH.	
05	RESIDENCE OF DECEDENT	SayView Medical Center				paltimore I MA						
DIRECTOR	Mary and 10b. COUNT	ryand 106. COUNTY N/A 10c. CIT					more				10d. INSIDE CITY LIMITS?  YES 2 \( \square\) NO	
3AL	10e. STREET AND NUMBER	T. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?									
FUNERAL	433 LINWOO	12. WAS DECEDENT		12 WAS DE	$\propto 120$	PANIC ORIGIN? (Specify Yes or No.— 14. RACE — American Indian,						
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 THO		If yes, sp	ocity Cuban, Mexic 3 2 NO Speci	en, Puerto		0.100	Black, V Sporty:	White, etc.	
	15. DECEDENT'S EDU	CATION	18a, DECEDA	NT'S USUA	L OCCUPATI	ON	166	. KIND OF BUS	INESS/INDU	STRY	ack	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary (0-12)  College (1-4 or 5+)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. D/ NOT use retired.)  19b. KIND OF BUSINESS/INDUSTRY  19b. KIND OF BUSINESS/INDUSTRY  19b. KIND OF BUSINESS/INDUSTRY											
OM	17. THER'S NAME (First, Middle, Last)		1//	1430	101	18. MOTHER'S N.	AME_(First,	Middly, Maiden	Sumame)	- 70		
BE C	George Henr	-y Dav	115			San	ah	Jac	Ksor	De De	avis	
TO B	198. INFORMANT'S NAME (Type/Print)	Tunsta	19b. MA	3 L	IN W	and Number or Rural	Poute Num	Ball L	n, Stata, Zip C	md	21205	
	20g. NETHOD OF DISPOSITION  1 Deuriting 5 Cremation 3 Rem 4 Dentiting 5 Other (Specify)	noval from State	20b. PLACE AND C	or other pla		000	PAT	E 20c. 100	CATION — CI	ty or Town	, State	
	H. SIGNATURE OF FUNERAL SERVICE (	CENSEE /	- 1/1/////	-/0/	22. NAME A	NO ADDRESS OF F	ACILITY	15-0	211340	14	e line	
	psepho	7. Kus	W		22	22 Wil	north	55 re	Ba	HM	ore Md	
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  Approximate interval Batween Onest such Posts.											
	Immediate Aude (Film									Onset and Death		
	e. Multisystem organ failure 2-3 days  DUE TO (OR AS A CONSEQUENCE OF):									2-3 days		
N	Acute rejection, kidney transplant									18 days		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
SE	CAUSE (Disease or injury that initiated evants	CAUSE (Disease or Injury C. DISTO (OR AS A CONSCIUNATION)										
E	resulting in death) LAST	d										
	PART II. Other algnificent condition	na contributing to	deeth but not reau	ting in the	underlylr	ng causa given in	n Part I.	24s. WAS AN			PERE AUTOPSY FINDINGS	
MEDICAL						7		PERFOR	NO NO	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME								·			□ YES 2 X NO	
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEATH 28. PLACE OF				IN 🗆					
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 🗈	OT	HER:	11970 11	4 T O#	- (014.)				
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF	INJURY 28	b. TIME OF	28c. IN	me 5 Residence		SCRIBE HOW I	NJURY OCCU	IREO		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ay, rear)	INJURY		ORK? YES 2 NO						
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined		F INJURY — At home, etc. (Specify)	lerm, atreet,	factory, offi	Ce		CATION (Street a or Town, State)		r Rural Rou	ite Number,	
F	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, death o	occurred at	the time, det	a and place, and du	e to the ce	use(e) end mar	ner ee state	1.	1	
NO.	one) 2 MEDICAL EXAMIN	ER: On the beals of a	xamination and/or inves	tigation, in	my opinion,	death occured at th	e time, date	e and place, an	d due to the	cause(a) a	and manner se stated.	
BEC	29b. SUGNATURE AND TITLE OF CERTIFIE	1				29c. LICENSE NO					Aonth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAU	SE OF DEATH WEM 27	(Type, Print)	Taba			mior h			r 18,1995	
	2 2 1 1 1 2 2 1/2				Jonn	s Hopkin Eastern					MD 21224	
	SEP 2 1 1995	A Doubles	S. MINTE									



DIVISION OF VITAL RECORDS, P.O. BOX 68760

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTII	FICA	TE OF	DEATH	R	EG. NO.						
	1. OECEDENT'S NAME (First, Middle, Last	)					2. DATE OF	DEATH			3. TIME OF OEATH			
	THOMAS E	DWARD D	AVIES,	SR.			SEPTEM			1995	12:00 NO	700		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	иятн		S. BIRTH	PLACE (State or Fore)			
- 1	220-14-9973	1 ÅM 2 □ F 6	9 yrs.	MONTH	S DAYS	HOURS MIN.	(Month, Det			MARY]				
	9a. FACILITY NAME (If not institution, give	street and number)		9b. C	ITY, TOWN C	R LOCATION OF DE	EATH			INTY OF OR				
ا ع	118 OLEN DRIVE				GT DN				ANN	E ARI	ARUNDEL			
DIRECTOR	RESIDENCE OF DECEDENT				GLEIN	BURNIE								
#	10a. STATE 10b. COUN	TY	10c. CI	TY, TOW	N OR LOCAT	ION			10d. INSIDE CITY LIMITS?					
		ARUNDEL		GLEN	BURN	IE					1 TES 2 X N	0		
ا ≥	10e. STREET AND NUMBER				101	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?			
	118 OLEN DRIVE					21061			U.	S.A.				
FUNERAL	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YE				ENDENT OF HISPAN			or No-	14. RACE Black	- American Indian, White, etc.			
R	3 Widowed 4 Divorced	IF YES, GIVE WAR OR				XX NO Specify		,,		Specif	WHITE			
ا د	15. DECEDENT'S ED	1 NICATION	Tata DECEDENT	0.1101111	0000000		T. and a state							
	(Specify only highest gra-	de completed)	16a. DECEDENT' (Give kind or life. Do NOT	work do	ne durina mo		160. KIN	D OF BUSI	NESS/IN	DUSTRY				
ا ج	Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	TRUCK		,		CAR	OT TNI	A ED	EIGH	D.			
COMPL	17. FATHER'S NAME (First, Middle, Last)		1 INOCK	DICT	LIK	18. MOTHER'S NA				EIGH.				
_	ARTHUR D.	DAVIES, SR.	D-			MARIE				NGHAI	νI			
BE	19a. INFORMANT'S NAME (Type/Print)			G ADDS	ESS (Street a	nd Number or Rural					-1			
2	EVELYN A.	DAVIES				E, GLEN					21061			
	20a. METHOD OF DISPOSITION	2	0b. PLACE AND DATE					_	_					
- 1	Burlel 2 Cremation 3 Re	moval from State	emetery, crematory or MEADOWR II	other pla	ce)		9/23/	95 _{ELF}	CRID	GE N	WARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE I	JICHSEE	UIB/ADOMIKIL)			D ADDRESS OF FA								
- 1	D 18 41	She		1		ND AVENU								
-				G	LEN B	URNIE. M	ARYLAN	D 210						
ı	23. PART I. Enter the diseasea, of ahock, or heart fellure	. List only one cause on	each line.	not en	ter the mo	de of dying, suc	n aa cardiac	or reapin	atory ar	Test,	Approximate interval Bet	ween		
	IMMEDIATE CAUSE (Final disease or condition	A ot	T						V	. J.	Onset and t	Jaath		
	resulting in death)	a. Metas	A CONSEQUENCE	OF):	ر هادر	10190	was 51	14	7	371-0	9			
_	_	-	,	01.).							i			
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	b. DUE TO (OR AS	A CONSEQUENCE	OF):							<u> </u>			
<u> </u>	cause. Enter UNDERLYING	eta G								ļ				
Ĭ	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS	A CONSEQUENCE	OF).										
E	reaulting in deeth) LAST	d												
	PART II. Other significant condition	one contribution to death	hut not requilite	in the	arm do da da	. cours abus la	Deat las	. WAS AN A						
DICAL	TATT II. Ottal alginicant condition	Mie Contributing to death	Dut not remutant	, in the	underlyini	ceuse given in	PBIT 1. 241	PERFORM		240.	WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAI			
							10	YES 2	NO		OF DEATH?	USE		
M	DID TORACCO USE CON	TDIDUTE TO CAUCE	OF DEATH A	/FC	I NO E	LINICEDEAN					1 TES 2 NO	,		
AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	I RIBUTE TO CAUSE	26. PLACE OF DE			UNCERTAI	иП							
HYSICIAN:	EXAMINER?	HOSPITAL:		OTH	IER:									
2	27. MANNER OF DEATH	1 Inpatient 2 ER/O			28c. INJ	e 5 PReeldenca	8 U Other (Sp		ILIBY OC	CHBED		-		
D.	1 Natural 5 Pending	(Month, Day, Year		NJURY	1 W	RK?		DE 11011 111		7001120				
BY	2 Accident investigation 3 Suicida a Could act b	28a. PLACE OF INJU	RY — At home, farm	, atroot,			281. LOCATIO	N (Street ar	nd Numbe	or or Rural R	loute Number,	$\dashv$		
2	4 Homicide B Could not b	building, atc. (S)	Decify)				City or To	wn, State)						
	29a. CERTIFIER	(SICIAN, To the head of my te				=97.10 YCC4			-00	455				
COMPLE	one)	SICIAN: To the best of my known of the best of examination of examinations of examinations of examinations of examinations of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of									) and manner as steel	and I		
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E E	29b. SIGNATURE AND TITLE OF CERTUR	500				29c. LICENSE NU	MBER:		29d. DA	TE SIGNED	(Month, Day, Year)			
0	30, NAME AND ADDRESS OF PERSON V	HIO COMPLETED OLUGE CO.	DEATH AVEN OF T	- 0 : :		D191	21			1/2	20/75			
	GLENN ROBBINS,	M.D., 1600 C	RAIN HIG	oe, Print) HWAY	, S.W	., GLEN	BURNIE	, MD	. 21	061				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			-						_	-		
	AFRA 4 400-	This Studente												
	I 1000 X	THE RULL AND LAND	Jell-											



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9c. COUNTY OF DEATH N/A

10g. CITIZEN OF WNAT COUNTRY? United States

14. RACE — American Indian, Black, Whita, etc.

3. TIME OF DEATH ZUBA

BIRTHPLACE (State or Foreign Country)
 OniO

10d, INSIDE CITY LIMITS? 1 TYES 2 NO

White

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First, Middle, Last)	۱۸۱۱ صفاح	RA MARY D	FLEN					2. DATE MONT	OF DEATH	DAY 1.	YEAR
. 2, 3 should		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF LIMITED	1 YEAR	IF UNDER	2 24 MBC	7 DATE	OF BIRTN	16	9. BIRT
		215-14-9602	1 🗆 M 2 💢 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	2,19	26	Cour
	~	9a. FACILITY NAME (If not institution, give atreet and number)  9b. CITY, TOWN OR LOCATION OF DEATH											JNTY OF
	DIRECTOR	Johns Hopkins Bayview Medical Ctr. Baltimore City											V/A
Jes 1	<u>n</u>	10a. STATE 10b. COUNTY				Y, TOWN	OR LOCA	TION					
5	DIE	Maryland	Baltin	ore				DU	ındal	k			
E	AL	10e. STREET AND NUMBER 10f. ZIP CODE										10g. CI1	IZEN OF
ansit	FUNERAL	14 Liberty Parku	vay						2	1222	?	Un	ited
MARYLAND 21215-0020 retained by the hospital or attending physician. Should be detached for use as the burial-transit permit. Pages 1, 2, totiffed at once.	BY FUI	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Midowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES  13. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuben, Maxican, Puerto Ri										e or No-	14. RAI Bla Spe
	ED	15. DECEDENT'S EDUC	CATION	16a. D.	ECEDENT'S	USUAL O	CCUPATION	ON		16h	KIND OF BU	ISINESS/IN	DUSTRY
212 Par us		(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(0	Bive kind of a Do NOT us	work done	during mo	ost of working	ng			701112007111	0001111
Spital shed	MPL	12 Years			Hon	nemak	rer				Own H	ome	
MARYLAND 2121 i retained by the hospital or atte 5 should be detached for use a notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)  18. MOTNER'S NAME (First, M											
	BE	William T. Borsukiewicz Stanisła  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Paural Pourte											
	6	19a. INFORMANT'S NAME (Type/Print)											
		Lisa M. Delen		_					ly l	_	alk, Maryland		
IS, P.O. BOX 6876C  BALTIMORE, e death certificate be executed within 24 hours after death. Page 6 may be the attending physician and completely filled in by the funeral director, page Mental Hygiene prior to burial, cremation, or removal.  Jury, or other traumatic event, the medical examiner must be a		1 N Burial 2 Cremation 3 Remo	oval from State	20b. PLACE cemetery, cr HOLY					0/10	OAT		OCATION -	
	0.0	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- Inoxy	KUSW						1 0	undal	LR,
		Dolnny L. &	like								Home ındalk		
	CERTIFICATION	23. PART I. Enter the diseasea, or cashock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	COR AS A CONSE	GUENCE OF	FILADE					llac or reap	iratory ar	reat,
DS, I he deat the atte Mental		PART II. Other algnificant conditions	e contributing to	double but not	to pulliform	la tha an							
ISION OF VITAL RECORD TRENDING PHYSICIAN: The law requires that the TIDR. After this certificate has been signed by the after death with the State Dept. of Health and 28 is marked, or item 23 shows any in	EDICAL	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	e contributing to	oaam out not	leauiting i	in the ur	ideriyini	g cause i	given in i	raint i.	24a. WAS AF PERFO	RMED?	24
	ED									- 1	1 TYES	2 KNO	
	Σ.	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	TH YE	:s 🖂 i	NO F	1 HNC	ERTAIN	- NZ			
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	CIDOTE TO CA	_	CE OF DEAT			3 0140	LKIAII	<u> </u>			
	SIC	EXAMINER?	HOSPITAL:	ER/Outpetlant	DOA	OTHER		10 5 🗆 Ra	sidence	S □ Other	r (Specify)		
	РНУ	27. MANNER OF DEATN	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		_	CRIBE HOW	INJURY OC	CURED
	ВУ	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO											
	ETED !	2 Sa. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28f. LOCATION (Street and Number or R City or Town, State)										r or Rural	
DIVISION ATTEN DIRECTOR: DOURS after them 28 Is	J.E	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge de	ath occurr	ed at the b	lme, det-	and place	and due	lo the er-	eads) and re-	mas on st	ted
国内の世	COMPL	(Check only one) 2 MEOICAL EXAMINES											
FUN	E C	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUM			29d. DAT	
TO THE HOSPI TO THE FUNER TO FIED WITHIN IMPORTANT:	0	Note 11 Jan	Mo					nu	7.7	7) (	Mn)		9/11
FFAR	5	30. NAME AND ADDRESS OF PERSON WHO		E OF DEATN (ITE	M 27) (Type.	Print)		U	., ,	1	, 0)		

G-S.

Spencer,

32 MEGISTRAR'S SIGNATURE

R: chard

Home. en Sumame) nczak own, Stete, Zip Code) Maryland 21222 LOCATION — City or Town, Stata Dundalk, Maryland of Dundalk, Inc. k, MD 21222 piratory arrest, Approximate Interval Between Onset and Death 25 AN AUTOPSY ORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 NO 1 YES 2 NO W INJURY OCCURED t and Number or Rural Route Number, enner es atated. and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 9/16/91 DNMH-18 Rev 1/89

BE COMPLETED BY FUNERAL DIRECTOR

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

2

**EXAMINER?** 

27. MANNER OF GEATH

1 Natural 2 Accident

3 Suicide

4 Homicide

1 XYES 2 NO

1 - STAT

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

3 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 3 THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  WENTALLY If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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							1								
E STRAR		STATE OF I													
NT'S NAME (First,	Middle, Last)								AY	YEAR	Ī				
VIN		BERNA	RD		DUN	AWA	Y		SEPT. 13						
SECURITY NUME	ER	5. SEX	6. AGE (in yrs. last i	birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.							
34-537	8	1 🗶 M 2 🗌 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.	2/24/40						
Y NAME (If not in	stitution, give si	reet and number)			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUN							)6			
3 CHAT	'AM RC	DAD			BA	LTI	MOR	E			N	1			
NCE OF DEC	EDENT											_			
	10b. COUNTY	,		10c. CIT	Y, TOWN C	R LOCA	TION					I			
LAND N/A					BALTIMORE										

REGISTRAN				/LI1111	VAIL	OI DI		REG. NO.				
1. DECEDENT'S NAME (Firs	t, Middle, Last)							2. DATE OF DEATH	a.v.	YEAR	3. TIME OF DEA	тн
MELVIN		BERNA	RD		DUNA	YAWA		SEPT. 13		995	11:2	26A
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH		9. BIRTH	IPLACE (State or Fi	
212-34-537	78	1 🛣 M 2 🗌 F	55	YRS.	MONTHS	DAYS HO	URS MIN.	2/24/40		Ba1	to., M	D
9a. FACILITY NAME (If not is	nstitution, give	street and number)			9b. CITY, T	OWN OR LO	OCATION OF D	EATH	9c. COU	JNTY OF D	EATH	
3903 CHAT	ram R	OAD			BAI	TIMO	ORE			NI	A	
RESIDENCE OF DE				_								
10a. STATE	10b. COUN			10c. CIT	Y, TOWN OR						10d, INSIDE CITY LIMITS?	Y
MARYLAND		N/A			BALT	OMI	RE				1 XYES 2	NO
100. STREET AND NUMBER	1			-		10f. ZIP	CODE		10g. CIT	TIZEN OF Y	WNAT COUNTRY?	
3903 CHATE	IAM R	OAD					212	07		USA	1	
11. MARITAL STATUS		12. WAS DECEDER						NIC ORIGIN? (Specify Yes	or No-		E — American Indi	len,
1 Never Married 2	Married	FORCES?	MAR OR DATES	ND		res, specify YES 2		an, Puerto Rican, atc.)		Speci	the ·	
3 Widowed 4 Div	orced				1	, , , , , ,		,,			Black	2
	CEDENT'S ED		18a.	DECEDENT'S	USUAL OCC	UPATION ring most of	workina	16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (	(0-12)	College (1-4 or 5	+)	ASS	emble	er		Bedding Company				
17. FATHER'S NAME (First, A	Middle, Last)					18.	MOTHER'S NA	AME (First, Middle, Maiden	Sumame)			
Lombard	Duna	way				1	Eula '	V. Smith				
19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS (	Street and N	lumber or Rural	Route Number, City or Tow	n, State, Zi	(p Code)		
Ira Dunav	ray			390	0 Cha	tha	n roa	d, Baltim	ore	, MI	21207	1
20a. METHOD OF DISPOSI				E AND DATE		ION (Name o	d .	DATE 20c. LO	CATION -	- City or To	wn, Slate	
1 Burial 2 Cremati		moval from Stata	T.OII	DONPA	ther place)	EME	PRV C	9/19 BA	T.TT	MORE	MARY	T.AT
21. SIGNATURE OF FUNER		ICENSEE)	LOCO	I			DDRESS DF F		DIII	TORE	/ IIIIII	2211
HOL	071	0.1	RIPT	-	LEI 460		D. DY				L HOME 21207	
23. Part I, Erer the canock, or I	heart fallure	. List Dnly one ce	use n each i	ine.							Approxim interval E Onset an	Betwee
disease or condition resulting in death)	<b>→</b>	. HYPERT	ENSIVE	ATTHE	ROSC	1580	CCUT	OTIC CAR	Plovi	48 CU	UR	
rosoning in death)	-	DUE TO	DR AS A CON	SEDUENCE O	F):			CEASE				
							1/1/	しとかった				

Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE DF): that initiated eventa resulting in death) LAST

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.

24a, WAS AN AUTOPSY PERFDRMEO? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES ZINO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 ☐ Nursing Home 5 K Residence 6 ☐ Other (Specify)

28e. DATE OF INJURY (Month, Day, Year) Pending Investigation

28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 YES 2 ND

26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

2 MEDICAL EXAMINER opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M

F. GOLVETK MO 111 Penn Street, Baltimore, Maryland 21201

8 Could not be determined

DHMH-16 Rev 1/89

1995

n e liikti 1.21.21.15 

Replacement

DIVISION OF VITAL RECORDS, P.O. BOX 68760

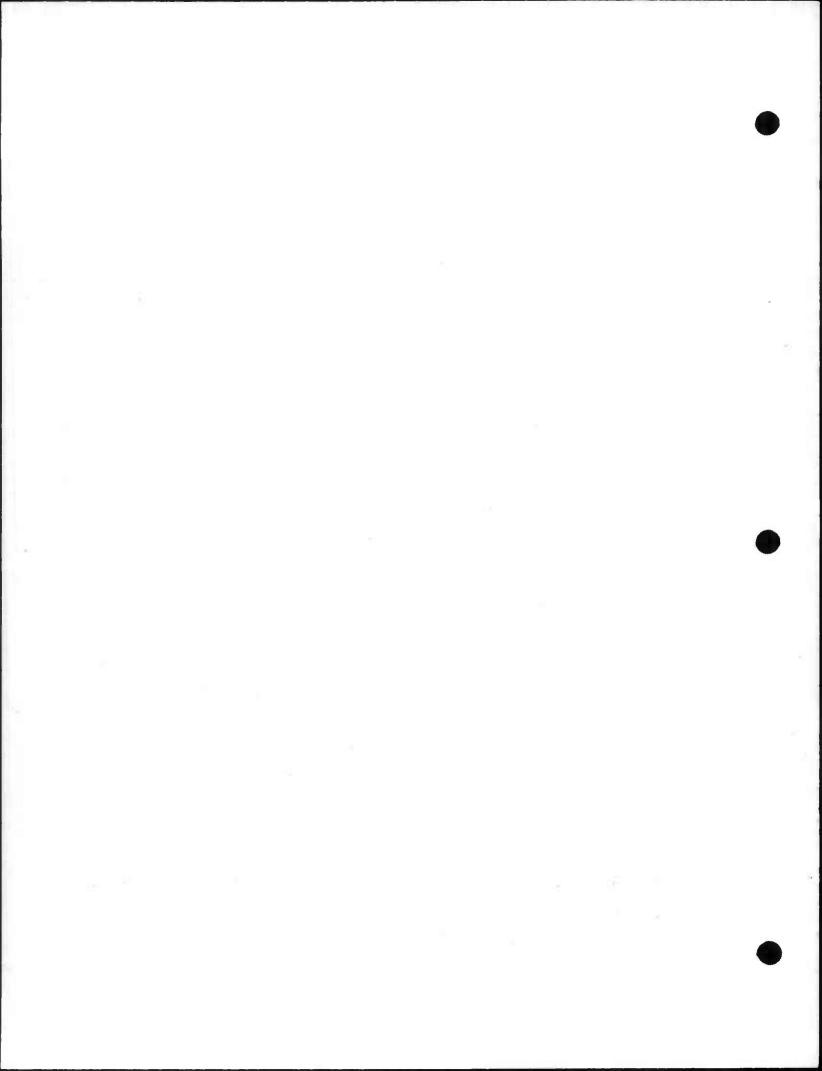
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH						
1	HOWARD EDWARD	S		August 6	4.00	1:45 A. M						
	4. SOCIAL SECURITY NUMBER 5. SEX		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BURTH	8. BIRTH	IPLACE (State or Foreign						
1 3	126-01-8456 1×1201	85 YRS.	ONTHE DAYS HOURS MIN.	(Month, Day, Year)	110 Count	" Va						
	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. CDUNTY OF DEATH											
OR	Stella Maris		Taylon		Bal	4						
DIRECTOR	RESIDENCE OF DECEDENT											
H	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS											
	MOINA	ba	Itimore			1 X YES 2 NO						
₹	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF V	WHAT COUNTRY?						
FUNERAL	2132 Riggs Huenne 21216 U.											
필	11. MARITAL STATUS  12. WAS DECED FORCES?	ENT EVER IN U.S. ARMED  1 X YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica	IIC ORIGIN? (Specify Yes	or No- 14. RACI	E — American Indian, k, White, etc.						
ВУ		WAR OR DATES	1 YES 2 NO Specify		Speci							
	15. DECEDENT'S EDUCATION	- I I I I I I I I I I I I I I I I I I I				Black						
COMPLETED	(Specify only highest grade completed)	Ille Do NOT use	rk done during most of working	16b. KIND OF BUS	INESS/INDUSTRY							
7.	Elementary/Secondary (0-12) College (1-4 or NA	5+)	reured.)	141.1	0 1							
W.	17. FATHER'S NAME (First, Middle, Lost)	IN ONG Y Ore	11.001	Wate	rtront							
	Tal Iburned talu	er mil (	18. MOTHER'S NA	ME (First, Middle, Melden :	Burname)							
BE	199-NFORMANT'S NAME (Type/Print)	74 MAII 1110 A	Dessie	Lauar	US							
5	Rose Mary Evans	7) 2 (1	DDRESS (Street end Number or Rural F	1	2 11	2/273						
	20a, METHOD OF DISPOSITION	20b_PLACE AND DATE OF	CAMUNUSUN F	wenne t	Daltimor							
	1 Suriel 2 Cremetion 3 Removal from State	cernatery, grematory or other	or place)	8/10/95 A	CATION — City or To	rwn, State						
	21. SIGNATURÉ OF FUNERAL SERVICE LICENSEE	- I HI DUTUS	22. NAME AND ADDRESS OF FA		CLOHUS, MA							
	m I	1	March F. H	· West		2/2/5						
	Maca Mary	1	4300 U	whash A	renue A	Bolto Hd						
	23. PART I. Enter the diseases, or complications to shock, or heart failure. List only one complications are complications.	hat caused the death. Do no	t enter the mode of dying, auci	n as cardiac or reapir	atory arrest,	Approximata						
	IMMEDIATE CAUSE (Final					Interval Between Onset and Death						
	disease or condition a. LUNG CANCER											
	DUE TO (OR AS A CONSEQUENCE OF):											
S	Sequentially list conditions, 6.											
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or Injury C.	O (OR AS A CONSEQUENCE OF):										
E	resulting in death) LAST	(**************************************				i						
핑	d											
A	PART ii. Other algnificant conditions contributing	to death but not resulting in	the underlying cause given in			WERE AUTOPSY FINDINGS						
EDICAL				PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE						
ME				_  /		OF DEATH?						
	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF DEATH YES	□ NO ☑ UNCERTAIN									
X I	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
SIC	EXAMINER?  1   YES 2   NO   HOSPITAL: 1   Inpetient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)   HOSPICE											
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE (	OF INJURY 286. TIME (	OF 28c. INJURY AT	28d. OESCRIBE HOW IN								
BY F	1 Netural 5 Pending	Day, Year) INJUF	WORK?  M 1 YES 2 NO									
	2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route N											
COMPLETED	4   Homicide determined building, etc. (Specify)											
7	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time date and place and due to the security and											
\$	(Check only one)  2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated.  MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated.											
	296. SIGNATURE AND TITLE OF CERTIFIER											
B	29d. DATE SIGNED	(Month, Day, Year)										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH OVER AN OF	10056	45	0/15/	45						
				100/	•							
	DR. KENDALL FAULKNER 230 31. DATE FILED (Month, Day, Year)	O DULANEY RD.	, TOWSON, MD 2	1204								
	SEP 2 1 1995 Ali Ma	Charles H										



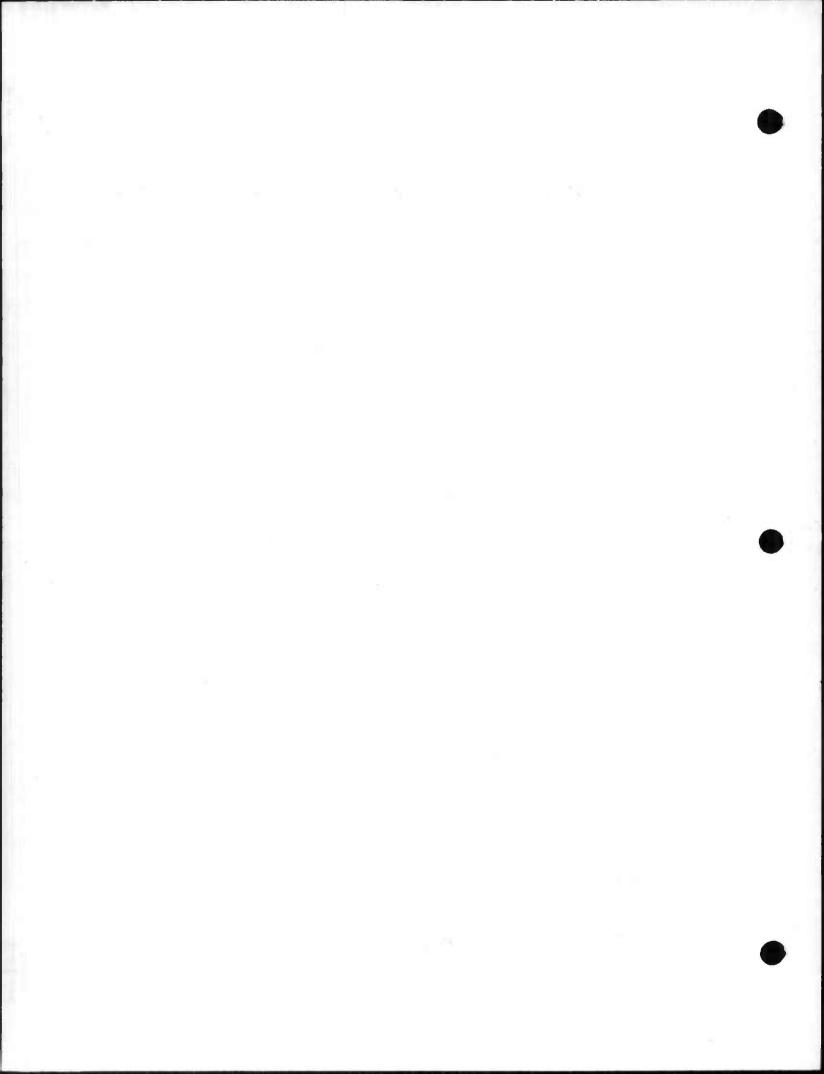
1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR / THE FUNERAL DIRE Siled within 72 hours PORTANT: If item	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of the series of th
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95 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last)

	KENNETH L. ELLIOH SEPT 16, 1995 11:25 AM											
	4. SOCIAL SECURITY NUMBER 212-05-2072	5. SEX	6. AGE (In yrs. las	MON	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH N. Mar)	8. BIRTH	IPLACE (State or Foreign		
		1 XXM 2 - F	78	YRS.				25,71916		yland		
DIRECTOR	BB. FACILITY NAME (If not institution, give street and number)  ADRITH ARUNDEL HOSPITAL GIEN BURNIE AA, CO  RESIDENCE OF DECEDENT  96. COUNTY OF DEATH  AA, CO											
IRE(	Manage 1 and 3 and			10c. CITY, TO						10d. INSIDE CITY LIMITS?		
	Maryland Anno	e Arundel		Ha	runda			1		1 TES 2 NO		
NERA	1528 Ingalls Ro			21061						VHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 P	MED 10	13. WAS DEC	CENDENT OF HISPA ecity Suban, Maxic 2 2 2 NO Speci	NIC ORIGIN? (Seen, Puerto Ricar My:	pecify Yes or No n, etc.)	14. RACE Black Speci	E — American Indian, c, Whita, etc. Ty: White		
	15. DECEDENT'S EDU (Specify only highest grade		(G	CEDENT'S USU	ione during mo	ON sel of working	16b. KIN	ID OF BUSINESS	S/INDUSTRY	WILLE		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	)	tired S	,	Sergeant	. U.	S. Air	Force			
BE CO	17. FATHER'S NAME (First, Middle, Last) Alfred Elliott					18. MOTHER'S N. Albe		ichelbe				
2	19a. INFORMANT'S NAME (Type/Print)		191			and Number or Rural						
	Dorothy F. Ellic		20h PLACE	I 52			oATE	undale,		and 21061		
	20e, METHOD OF DISPOSITION 1 □ Suriel 2 □ Cremetion 3 □ Ren 4 □ Donation 8 □ Other (Specify)	oval from State		TRIđge			9/20			Maryland		
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE	0//			ND ADDRESS OF FA	cury Funera		2121			
	Jum	Durge	Hen	20)	3631	Falls Ro	ad, Bai	ltimore	. Mary			
	23. PART I. Enter the diseases, or ahock, or haart failure.	complications that List only one caus	caused the de se on each line	ath. Do not s	nter the mo	ds of dying, au	ch se cerdisc	or respiratory	r arrest,	Approximats Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	disease or condition										
ŀ	resulting in deeth)  DUE TO (OR AS A SONSEQUENCE OF):											
N	Sequentially list conditions,											
Ä	If any, leading to immediate cause. Enter UNDERLYING											
MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initieted events resulting in death) LAST											
CE	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
3	PART II. Other significant condition	s contributing to	deeth but not re	esulting in th	underlying	g cause given in		PERFORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
NED							_   10	TYES 2 TNC		OF DEATH?		
	DID TOBACCO USE CONT	RIBUTE TO CAL	JSE OF DEA	TH YES [	NO [	UNCERTAI	N 🗆			1 TES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMPRER?	HOSPITAL:	26. PLAC	E OF DEATH (CI								
HYS	1   YES   NO   1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 6   Residence 6   Other (Specify)											
BY PI	1 Netural 6 Pending	y, Year)	INJURY	WO 1 1 1	RK?	200. DESCRIE	BE HOW INJURY	ОССОНЕО				
	2 Accident Investigation 3 Suicida 6 Could not be determined	28a. PLACE OF building, e	INJURY — Al horate, (Specify)						net and Number or Rural Route Number, afe)			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of r								and manner as stated,		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI				(Month, Day, Year)			
0 0000000000000000000000000000000000000								1111				
- 11	GIMUI BUGO	MD				V 20	040		1110	1195		
٩	31. DATE FILED (Month, Day, Year)	MA g completely course j DWW	OF DEATH (ITEN	alma)	M	21122	040		01116	193		

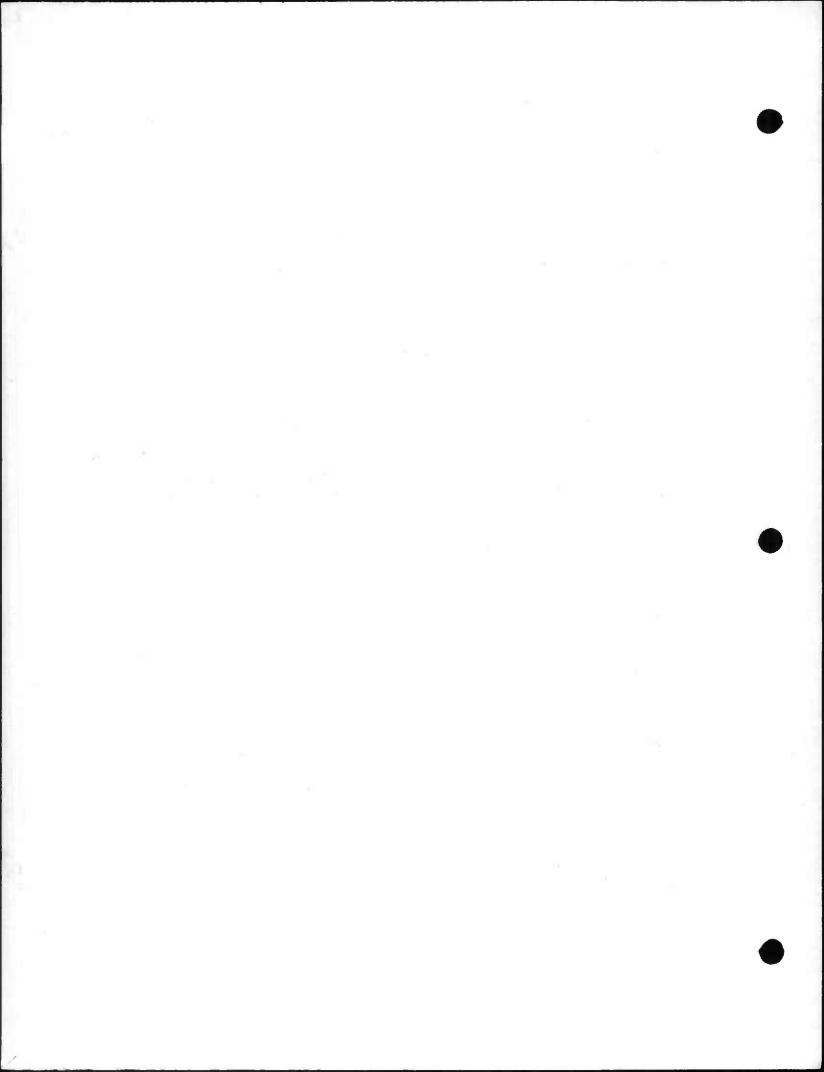


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STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 1995 Belle Hall Sept. Fleming 18 9:30 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 220-48-6424 1 M 2 TH YRS 22 Feb Virginia Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 922 Montpelier Street Baltimore City N/A 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d, INSIDE CITY Maryland N/A Baltimore City permit. 1 N YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 922 Montpelier Street 21218 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. It yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 🙀 Widowed 4 🗋 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5 +) 8 years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) 76 Harmon BE Hall Virgie Amburgev notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gary Fleming 922 Montpelier Street Baltimore, Maryland 21218 Pe 20a, METHOD OF DISPOSITION
1 № Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata must Baker Cemetery Donatton 5 ( Other (Specify) _ 9/23 Payne Gap, Kentucky examiner 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home Levy 6500 York Road Baltimore, Maryland 21212 n and completely filled in by the to burial, cremation, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory arrest, shock, or heart fallure. List only one cause on each line Interval Retween **IMMEDIATE CAUSE (Fins)** Onset and Death いま disesse or condition 10412. Gronchal event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL Meningioma any 1 YES 2 NO Seizures. OF DEATH? 1 YES 2 NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  $\square$  NO  $\square$  UNCERTAIN  $\square$ PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) this certificate h EXAMINER? HOSPITAL: OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 Recidence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 NO BY After t 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town: State) .00 8 Could not be determined COMPLETED DIRECTOR: A 4 Nomicide 28 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPITAL OF THE FUNERAL C DE filed within 72 h (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) and menner ee stated. 29c. LICENSE NUMBER BE 2 PLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) Palis Studeor Revolate SEP2 1 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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		1 - STATE REGISTRAR	OINIE OI MINITI	CER			DEATH	REG. NO					
		1. DECEDENT'S NAME (First, Middle, Last)			_			2. DATE OF DEATH		3. TIME OF DEATH			
		ALFRED	FOR	RGIONE				SEPTEMBER	20,	199512:31 a.			
		4. SOCIAL SECURITY NUMBER		E (In yrs. lest birt	MONT	HB DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)			
3 should		062-20-3916	1 X M 2 □ F 6	8 '	AS.			MAR. 3, 192		New York			
	<u>ac</u>	9a. FACILITY NAME (If not institution, give					OR LOCATION OF D		9c. COUN	TY OF DEATH			
. 2.	СТОВ	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY N/A											
Pages	DIREC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN											
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permit.	3AL	10e. STREET AND NUMBER					I. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?			
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OOZO ng physician. ne burial-trar	E	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO		13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.				
	B	3 Widowed 4 Divorced	IF YES, OIVE WAR OR	DATES			NO Specif		- 1	Specify:			
attending	ETED	15. DECEDENT'S EDU		16a. DECED	ENT'S USUA	L OCCUPATI	ON	16b. KIND OF BU	SINESS/INDL	White			
	Ē	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6+)	(Give ki	ind of work di NOT use retin	one during m ed.)	ost of working		11.774111.000.00				
the hospital or detached for u	COMPL	12		Insura	nce Ac	tuary		State Go	æmmen	t Insurance			
	8	17. FATHER'S NAME (First, Middle, Last)	D					ME (First, Middle, Melden	Sumame)				
T A PA PA		Salvatore	F(	orgione			Mary			Gerlett			
retained 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)	Formione					Route Number, City or Tow					
P S P		Mrs. Philomena C.		0b. PLACE AND I				altimore,					
) w # 2	1 1	1 Afforted 2 Cremation 3 Reg 4 Dogsation 5 Other (Specify)	sovel from State			enete				e, Maryland			
Pag a		21. SUSPATURE OF FUNERAL SERVICE A	CHARLE //	7		22. NAME A	ND ADDRESS OF FA	CILITY		c, inityland			
death. Pag tuneral di i. examiner	1 1	XDMMi. (MI	on kn. Wy	100				defeld Hon					
after y the noval	Н	23. PART I. Enter the diseases, sty	complications that cause	and the death	Do not er	6500	York Ro	l. Baltimor	e, Ma	ryland 21212			
	П	eriock, or neart langes.	List only one cause on	each line,	DO HOL GI	iter the inc	ode or dying, auc	n as cardiac or resp	irmiory arre	interval Between			
E 8 E		immediate cause (Final disease or condition resulting in death)  a. Box - Obstructure protessonia 3dacy  Due to (or as a consequence of):											
		resulting in death)	DUE TO (OR AS	A CONSEQUEN	C7/(/	c p	KNATE	mia		Saacy			
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# C = =	SP	PART II. Other significent condition	ns contributing to deeth	but not resul	ting in the	underlyin	g ceusa given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
								1 TES		COMPLETION DF CAUSE			
w requires been sign pt. of Healt	ME									1 TES 2 NO			
1 2 2 5 5	ä	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH	YES	] NO [	UNCERTAIL	NO		F-4			
e ste de	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF	OTH	eck only one)							
SICIAN: The certificate to the State	14S	1 YES 2 NO	No Inpetient 2 ER/Ou		OA 4 🗆	Nursing Hon	ne 6 🗆 Realdence						
를 통합 후	PHY	Natural 5 Pending	(Month, Day, Year)		INJURY	WC	PURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCI	JRED			
OR ATTENDING I DIRECTOR: After nours after death tem 28 is mai	ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUS	RY — At home, f	erm, street,			281. LOCATION (Street )	and Number o	or Bural Boute Number			
STOR:	E	4 Homicide 8 Could not be determined	building, etc. (Sp	becify)	,			City or Town, State)	and rember o	TOTAL POUND PROPERTY.			
OR A DIRECT PHOURS	LET	29a. CERTIFIER 1 X CERTIFYING PHYS	ICIAN: To the best of my kno	wledge death o	coursed at ti	ha time dete	and place, and due	to the country and and					
別 本で 単	COMPL									cause(s) and manner as stated.			
THE HOSPI THE FUNER filed within PORTANT:		29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUN			SIGNED (Month, Day, Year)			
THE Filed WPOR	BE	BWalensh	aca				m827	al al	▶ 9	20 195			
2632	5	30. NAME AND ADDRESS OF PERSON MA	O COMPLETED CAUSE OF D	DEATH (ITEM 27)	(Type, Print)		-1-0347		,				
1-		UHH 600 K.K	2015e St Roc	chelle	Waler	sky,	M.D. Bal	timore, MI	. 212	05			
9		31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S SIG										
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TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

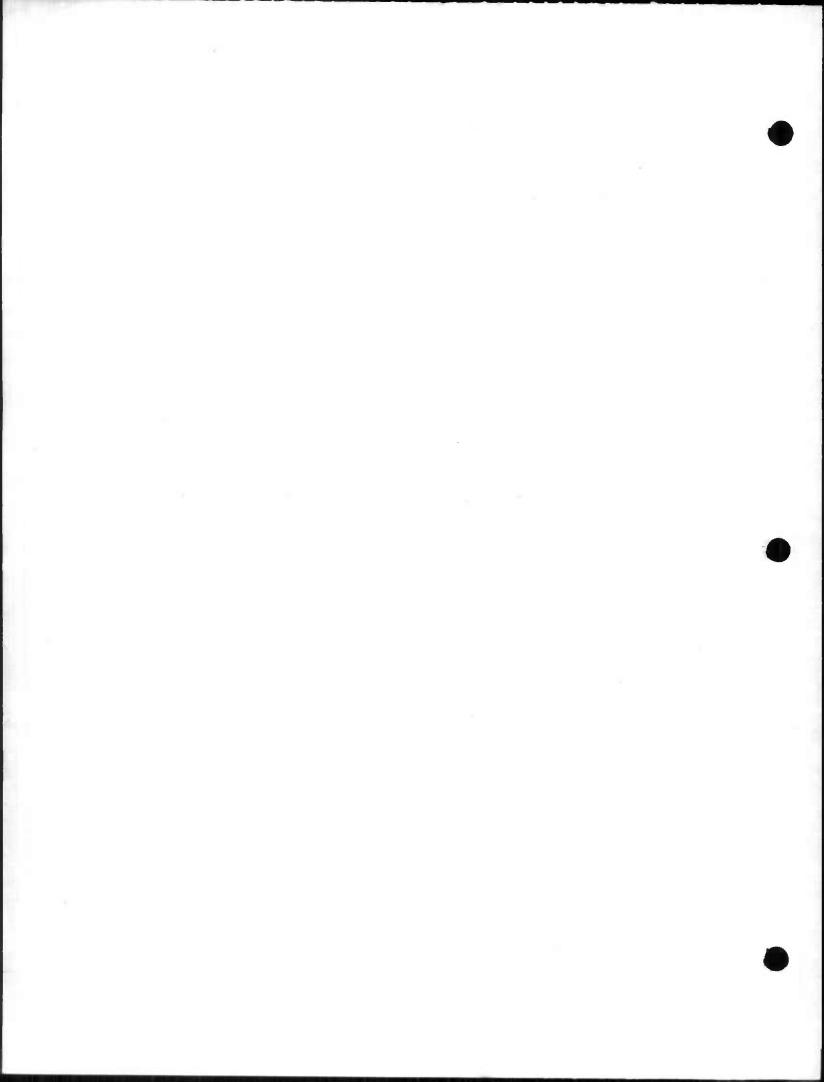
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 . STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFIC	CATE OF L	DEATH	REG. NO.							
	t. DECEDENT'S NAME (First, Middle, Last) Gary W. Fields , Si	r		2. DATE OF DEATH MONTH DAY Sept 14	4 4005	ar 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  7. DATE OF BIRTH  (Month, Day. Year)  8. BIRTHPLACE (State or Foreign Country)  9. Months  1  M 2  F  9. MC										
OR	Catonsville Nursing Storne		SVI / C	тн	9c. COUNTY	P DEATH					
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY	TOWN PR LOCATION	on // le	<i>y</i>		10d. INSIDE CITY LIMITS? t YES 2 NO					
FUNERAL	100 STREET AND NUMBER AVE	101. 2	21228	,	10g. CITIZEN	OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, spec	NDENT OF HISPANIC Hy Cuben, Mexican, EXXXNO Specify:	C ORIGIN? (Specify Yee Puerto Ricen, etc.)		RACE American Indian, Black, White, etc. Specify: Black					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	vrk done during most	of working	16b, KIND OF BUS							
MP	8th grade N/A Laborer				STRUCT	TON					
BE CO	17. FATHER'S NAME (First, Middle, Last) Granger Fields		Rosa Ra								
2	Gary W. Fields Jr. 702	Clappe.	- Rd	-	hesbu	5, mg 20178					
	7 □ Donation 5 □ Other (Specify)	2/10/	Cemen	9/2/49 C	cation—city	11					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		F/H Wes		altimo	re, Md 21215					
	23. PART I. Enter the diseases, or complications that caused the death. Do no ahock, or heart failura. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Out 1070H AS A CONSEQUENCE OF										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  b. DUE TO (09 As A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
	PART II. Other algolificant conditions contributing to deeth but not resulting in	tha underlying	cause given in F			24b. WERE AUTOPSY FINDINGS					
EDICAL	Seriel demuta Performed?  1 1 48 2 12 MG OF DE										
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES DID UNCERTAIN A										
IA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)  EXAMINER?  HOSPITAL:										
SIC	1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 286. DATE OF INJURY (Month, Day, Year)  286. TIME OF INJURY AT WORK?  1 YES 2 NO  286. TIME OF INJURY AT WORK?  1 YES 2 NO										
8	2   Acctorn   3   Suicide   6   Could not be   building, etc. (Specify)   28e. PLACE OF INJURY — At home, farm, street, fectory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner se stated.										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER REASONS	ļ	29c. LICENSE NUM 3/3	22 22	29d. DATE \$1	GNED (Month, Day, Year)					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, 724 Mailly Choice Lave, Cat	oun'll	De feet	21228 ;	PRAD	EER GARG					
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	SEP 2 1 1995 John Studen Roal II										

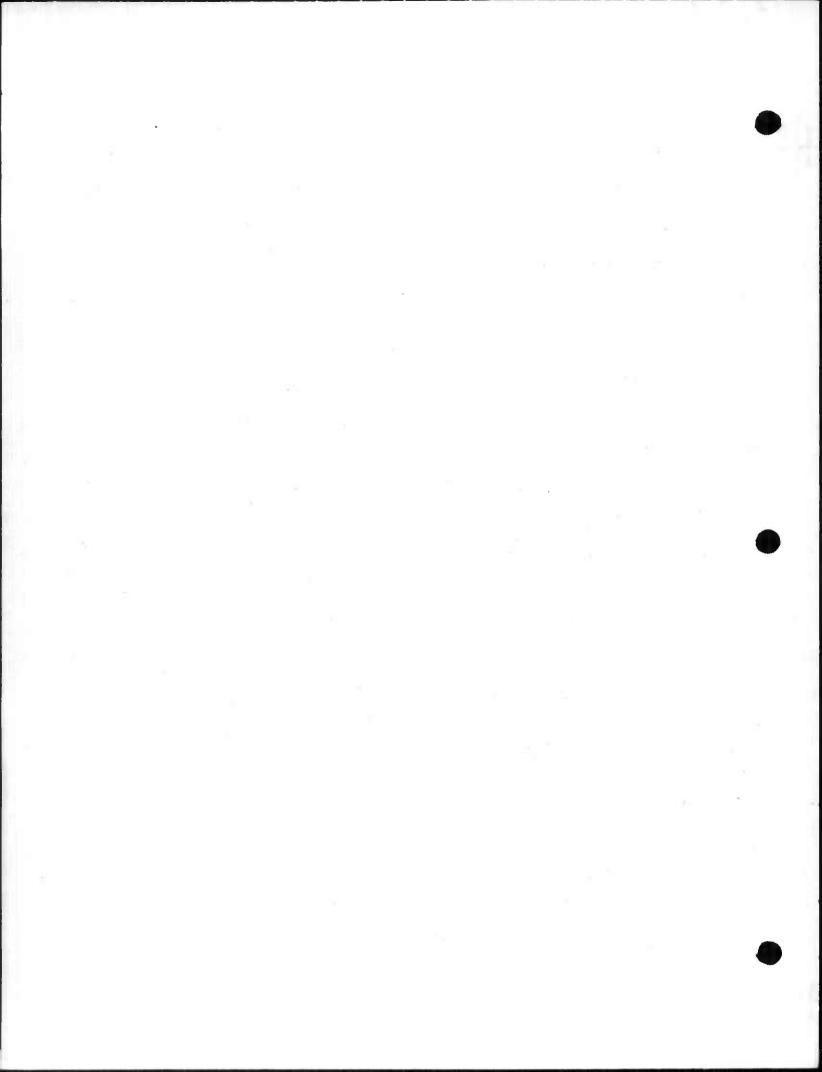
DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760

		ermit. Pages 1, 2, 3 sho
20000	40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withward hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shr within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.
	lay be retained by the hospi	page 5 should be detached
	hours after death. Page 6 m	led in by the funeral director, , or removal.
	ficate be executed within 24	physician and completely fill ne prior to burial, cremation
	requires that the death certi	-UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu vithin 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.
	NDING PHYSICIAN: The law	t: After this certificate has but a death with the State Dept.
	HOSPITAL OR ATTE	-UNERAL DIRECTOR

۱ ۱	t. DECEDENT'S NAME (First, A	Wirirtle Leet			CERTIF	TMENT OF		ATH	REG. NO		T
	TORI					FIE	LDS		2. DATE OF DEATH DO SEPTEMBER		3. TIME OF DEATH 995 03:15A
	4. SOCIAL SECURITY NUMBER 213-16-2034		S. SEX	6. AGE (In yr.	s. lest birthday) : YRS.	MONTHS DA		NDER 24 HRS.	7. DATE OF BIRTH		I. BIRTHPLACE (State or Fore Country) Mary Land
~	9a. FACILITY NAME (If not insti					9b. CITY, TOV	VN OR LOC	CATION OF DE	ATH	9c. COUNT	Y OF DEATH
DIRECTOR	THE JO	OHNS HO	OPKINS 1	HOSPIT.	AL	BALT	IMORE	CITY			NIA
E		10b. COUNTY	1/2			Y, TOWN OR LO					10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	/	VIH		Ва	ltimor					1 - YES 2 - N
RA	1225 N. Curl	Pou Str	oot				10f. ZIP C	21213			S.A.
BY FUNERAL	tt. MARITAL STATUS  1 \( \infty \) Never Married 2 \( \bullet \) M  3 \( \bullet \) Widowed 4 \( \bullet \) Divorce	larried 1	2. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	□NO .	II yes	DECENDER	T OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		4. RACE — American Indian Black, White, atc. Specify: Black
60	15. DECEC	DENT'S EDUCAT	TON	164	. DECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	SINE DO /INO.	Prov
	(Specify only it Elementary/Secondary (0-1)	highest grade co.	mpleted) College (1-4 or 5		(Give kind of v	vork done during e retired.)	most of w	orking			
COMPL	12	2			U.S	ar			-	-m	1- Govern
_	George Dougl								ME (First, Middle, Maiden	Surname)	
BE	19a. INFORMANT'S NAME (Typ.				19b. MAILING	ADDRESS (Str		ertha	IS/LOWN Number, City or Tow	m Ctata 7in C	Control Control
2	George Dougl								Baltimore,		
	20a. METHOD OF DISPOSITION		I from State	20b. PLA	CE AND DATE (	E DISPOSITION	1 (Name of	1 0	DATE 20c. LO		ty or Town, Stata
	1 Buriet 2 Cremation 4 Donation 5 Other (S				cremetory or of	her place	Tona	Cem	4/22/	134/	timore, Mo
	21. SIGNATURE OF FUNERAL	SERVICE LICEN	see Josep	y B. V	'anSant	Stat	e And add	TESS OF FACTOMY	Board-655	w. Ba	ltimore Str
	Joseph t	5-19	Sto	ust	<u></u>	Rm.B	026-1	3altim	ore, Maryl	and	21201-1559
		irt fellure. Lis	nplications the it only one cau	it ceused the see on each	death. Do n ilna.	ot enter the	mode of	dying, such	as cardiac or reapi	ratory arres	it, Approximat
	IMMEDIATE CAUSE (Fine disease or condition		5+	26. 100		·	_				Onset and
ļ	resulting in death)	8	DUE TO	(OF A A CO	OCCO/	حراحد					1 week
RTIFICATION	Sequentially list condition If any, leading to immedi- cause. Enter UNDERLYING	ete G	In m	OR AS A COM	US O	rug	450				year
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d.	DUE TO	(OR AS A COP	NSEQUENCE OF	):					
EDICAL (	PART II. Other significant		contributing to			n the underi		tha!	Part I. 24a. WAS AN PERFOR	1	24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO COMPLETION OF CA
2	fa?/ure DID TOBACCO USI	evoloc E CONTRIE	araliHS	USE OF D	EATH YE	ed in	Yra ve	SHAN	than 1		1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO E	MEDICAL	IOSPITAL:		LACE OF DEAT		ne)		-41		
YSICI	1 TES 2 NO		Inpatiant 2	ER/Outpatien			lome 5 □	Rasidenca	8 Other (Specify)		
H	27. MANNER OF BEATH  1 Netural 5 Pe		26a. DATE OF (Month, D		26b. TIMI	JRY	WORK?		28d, DEŞCRIBE HOW II	NJURY OCCU	RED
ED BY	3 Suicide 6 Co	restigation ould not be termined	28a. PLACE O	F INJURY A atc. (Specify)	it home, farm, s			2   100	261. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
PE	29a. CERTIFIER 1 CERTIF	YING PHYSICIA	N: To the best of	my knowledge	, death occurre	d at the time, o	iste end pl	ace, end dua	to the cause(a) and man	ner sa stated	
COMI											cause(s) and manner as stat
9 1	296 SIGNATURE AND TITLE D	F CERTIFIER		Fruk	ny har	0	29c. I	LICENSE NUM	BER	29d. DATE S	SIGNED (Month, Day, Year)
w II		~ - 11	20 ~	つってい	ען כייד		I M	2220			1 1 14
BE	any lo	The second		Schion	- Kerier	we-	> '	0739		20	ember 17 19
w II	30. NAME AND ADDRESS OF P Terry Kris	PERSON WHO O	OMPLETED CAU	SE OF DEATH	(ITEM 27) (Type, Hopkin	s Hosp	1 0	601	North Car Dimone, h	oline AD 20	Ember 17.19 Street 287



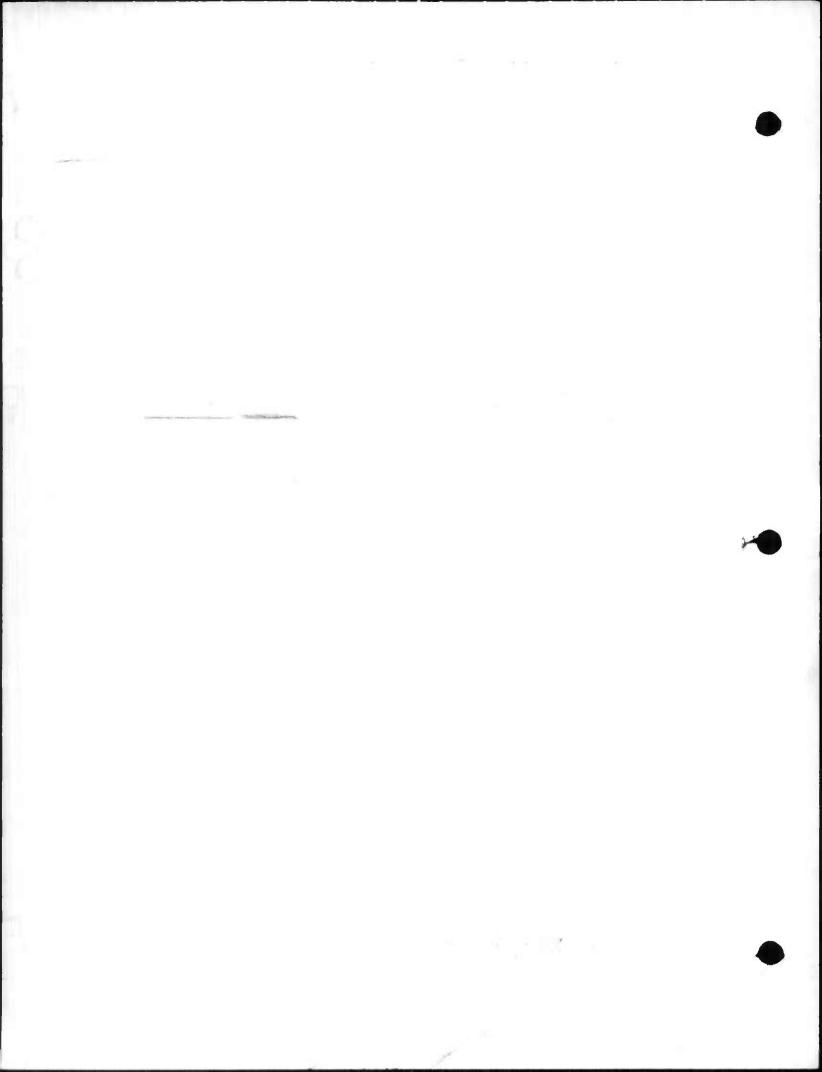
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

COLUMNIC
TO BE COMPLETED BY ELINEDAL

PHYSICIAN: The law requires that the death certificate be executed within. If hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should inter death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
TENDING PHYSICIAN: The law requires that the death certificate be executed v	TOR: After this certificate has been signed by the attending physician and comitter death with the State Dept, of Health and Mental Hygiene prior to burial, or	to manufactured and former former former former described and manufactured former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former former form

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERI	IFICATE	OF DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF DEATN			IME OF DEATN
	THELMA	FLEET				A 50 1	6. 199	EAR	200 PM
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birtho	lay) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH			
	218269722	1 - M 2 F	977 YR	MONTHR	MYS HOURS MIN.	(Month, Day Year)	0	Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution) give		0			5-30-0		70	3944
~		1 .		96. CITY, T	DWN OR LOCATION OF DI	EATN	9c. COUNTY	OF DEATH	121
CTOR		141		DA	1/10. City.	Md	P	offe	Certy
<u>ي</u>	RESIDENCE OF DECEDENT  100. STATE  100. COUNT	ν	-						
DIRE		-	10c.	CITY, TOWN OR					INSIDE CITY LIMITS?
	MARYLAND	N/A		BAI	LTIMORE			1 (3	YES 2 NO
AL	10a. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
ER	3621 COTTAGE	AVENUE			21215		I	JSA	
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WA	S DECENDENT OF NISPAL	HC ORIGIN? (Specify Ye		RACE - A	mericen Indian,
	1 Never Married 2 Married	FORCES? 1 Y		If y	es, specify Cuben, Mexica YES 24 NO Specifi	n, Puerto Rican, etc.)		Black, Whit	te, etc.
ВУ	3 XWidowed 4 Divorced	W TEG, GIVE MAN O	M DAICS	''	TES 21 NO Specif	γ:		Specify:	Black
ED	15. DECEDENT'S EDU	JCATION	16a. DECEDEN	T'S USUAL OCC	IPATION	16b. KIND OF BU	CINEGO (IND. 10)		
E	(Specify only highest grad		(Give kind	of work done dur T use retired.)	ing most of working	Control of the second		ini	
	Elementary/Secondary (0-12) 10th	College (1-4 or 5+)		omesti	C	Hot	els		
COMPI	17. FATNER'S NAME (First, Middle, Last)		N/						
		D. (1)				ME (First, Middle, Malden	Surneme)		
H	JESSE FLE	ET				AH FLEET			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADORESS (S	Street and " AVENU	E BALTIMOR	E 7/p Co		
	ANNA M. BROWN		362	1 COT	TAGE AVEN.	CE BALTH	MRRE,	MD	21215
	20a. METHOD OF DISPOSITION		20b. PLACE AND DA	TEOF DISPOSITI	ON (Name of	DATE 20c. LO	CATION - City	or Town, St	tate
	4 Donation 1 Other (Specify)	Towal from State	Arbutus	or other place) Memoi	ial Park	9/21 Ari	butus	Mar	ryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2 /		ME AND ADDRESS OF FA		o a o a o	1141	Jiana
J.	ANL NI		11-11	LEI	ROY O. DY	ETT & SOI	N FUNI	ERAL	HOME
- 1	6 NILOUY	C. NVC	WU	460	O LIBERT	Y HEIGHTS	SAVEN	NUE 2	21207
	23. PAST I Enter the diseases, or	complications that cay	and the death. I	o not antar th	a moda of dylng, suc	h as cardiac or resp	iratory arrest		Approximate
	shock, or heart fellure.	List only one cause b	n each line.						Interval Between
- 1	IMMEDIATE CAUSE (Final disease or condition	2 2 a m.							Onset and Death
- 1	resulting in death)	. LACTIC	ACIDO	515					
			AS A CONSEQUENC						
Z	Sequentially list conditions,		GLYDE						
Ĕ	If any, leading to immediate	DUE TO (OR A	AS A CONSÉQUENC	E OF):					
2	CAUSE (Disease or injury	c							
별시	that initiated events	DUE TO (OR A	AS A CONSEQUENC	E OF):					
CERTIFICATION	resulting in death) LAST	d							
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EDICAL	PART II. Other aignificant condition	ns contributing to deat	n but not reaulti	ng in tha unde	rlying cause given in	Part I. 24a. WAS AN PERFOR			AUTOPSY FINDINGS
용						1 _ YES 2		COMP	PLETION OF CAUSE
							- Participant		EATH?
Σ.	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH	YES TI NO	INCEDTAIN			= '''	YES 2 M NO
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ত 당	EXAMINER?	HOSPITAL:		OTHER:					
PHYSICIAN:	1 TYES 2 NO	1 Inpetient 2 ER/O		4   Nursing	Nome 5 Residence	6 Other (Specify)			
표	27. MANNER OF DEATN  1 Netural 5 Pending	(Month, Day, Yea		INJURY	c. INJURY AT WORK?	28d. DEŞCRIBE NOW I	NJURY OCCUR	ED	
B	1 Netural 5 Pending 2 Accident Investigation			М	YES 2 NO				
60	3 Suicide 6 Could not be	28e. PLACE OF INJI building, etc. (3	URY — At home, fer	m, street, factory	office	281. LOCATION (Street	end Number or F	Rural Route N	lumber,
2	4 Homicide detarmined		)′			City or Town, State)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PNYS	CIAN: To the back of -	diam'r.	and the following	And the second		THEAL	-	
Z Z		ICIAN: To the best of my ki							
S I	Z MEDICAL EXAMINE	ER: On the bests of examina	ation and/or investig	ation, in my opin	lon, death occured at the	time, date and place, an	d due to the ca	suse(e) and r	manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c, LICENSE NUM	IBER	29d. DATE SH	GNED (Month	h, Day, Year)
	11 200	TO ER	ATTEN	DING	D474	10	▶ 9.	16/	95
2	30. NAME AND AODRESS OF PERSON WH			ype, Print)	1 1414	<i>-</i>	/	10	12
Į	LEFFREY BAS				TAL AF	RALTIM	400-		
	31. DATE FILED (Month, Day, Year)		IGNATURE :	92 off	ITAL OF	BALTIN	WKE		
	SEP 2 1 199	32. REGISTRAP'S S	der Rad.	IK.					
	SELVT 192	James and							



_	REGISTRAR	ARYLAND / DEF CERT	PARTMENT OF H		REG. NO		3. TIME OF DEATH
ı	1. DECEDENT'S NAME (First, Middle, List)  CORVELLA CAMERO  4. SOCIAL SECURITY NUMBER  5. SEX	n Feat	herston	IF UNDER 24 HRS.	September 1	13 9	ABL II ~
-	214-14-8043 1 M 2 TXF	78 YR	S. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12/30/1	916 N	V. CAROLIN
E I	9a. FACILITY NAME (If not institution, give street and number) ST. AGNES HOSPITAL			OR LOCATION OF DE	НТА	9c. COUNTY	OF DEATH
DIRECTOR	MESIDENCE OF DECEDENT  10A. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	MARYLAND BALTIMORE  10e. STREET AND NUMBER			LLSTOW	N	10g. CITIZEN	1 YES 2 NO
FUNERAL	9401 LENCREST ROAD			21133			JSA
B		EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary (8-12)  College (1-4 or 5 +	(Give kin	NT'S USUAL OCCUPATION of of work done during mo OT use retired.)  1bly Oper	ast of working	Teleph		anufactur
BE COM	17. FATHER'S MAME (First, Missin, Lant) LONNIE CAMERON				ME (First, Middle, Malder LIE MCNE		
TO B	18a. INFORMANT'S NAME (TypePrint) VIVIAN LYNCH		D1 LENCR				N, MD211
	20s. METHOD OF DISPOSITION  1 Durist 2 Commetten 3 Removal from State	20b. PLACE AND D	ATE OF DISPOSITION (NE	ame of	DATE 20c. LC	OCATION — City	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Arbutu	8 Memori	ND ADDRESS OF FA	CILITY		Maryland
	LYOU MILL IN	11881	LERO 4600				ERAL HOME NUE 21207
	23. PAIN L Erier the diseases, or complications that about, or heart failure. List only one cau	se on each line.		oda of dying, suc	h aa cardlac or resp	stratory arreat	Onset and I
	resulting in death)  Jul  DUE TO	con any Ex	ce of:				14 h
N N		crian CA					7 yp
CATIC	If any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSEQUEN	CE OF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	(OR AS A CONSEQUEN	CE OF):				
CEF	PART II. Other significant conditions contributing to	death but not result	ing in the underlyin	a cause alven in	Part I. 24a. WAS AI	N ALITOPSY	24b. WERE AUTOPSY FIN
DICAL						RMED?	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?
MEDIC	DID TOBACCO USE CONTRIBUTE TO CA	LISE OF DEATH	YES TO NO N	UNCERTAII	<u></u>		1 TYES 24 NO
CIAN	28. WAS GASE REPERRED TO MEDICAL EXAMINERT HOSPITAL:		DEATH (Check only one)				
PHYSICI	TIOUT TIME:	ER/Outpatient 3 D		ne 5 🗆 Rasidence	6 Other (Specify)	INJURY OCCUR	FD
BY PF	1 Metural 5 Pending (Move), D			DRK?	and begoning non		
TED	9 T Sudates 28a. PLACE O	F INJURY — At home, fi etc. (Specify)	erm, street, factory, offic	be	281. LOCATION (Street City or Town, State		Rural Route Number,
MPLE	Check only one) 2 MEDICAL EXAMINATION On the beat of a						suse(a) and manner as sta
BE CO	299. SIGNATURE AND TITLE OF CERTIFIER	)	_	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
80	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SELDIF DEATH (ITIEM 27)	/Ama (Oriet)	1882	1	SEP	TEMBER 13,1
	I MOTHY T. KLEPPER	900 (		UF B	ALTIMORE	· La	
	31. DATE FILED (Morth, Day, Year) 32. REGISTRA	R'S SIGNATURE				1	
	SFP21 1995 Jahr dude	President.					

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S	TATE OF	MARYLAND / D			EALTH DEAT	MENTAL	HYGIENE REG. NO.
٨	1		7	11		2. DATE O	F DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OF		NTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Indrew (	Greller		DATE OF DEATH DAY	6 , 1995 3 50 Am
	217-01-5980	5. SEX 6. AGE (In yrs. last	YRS. MONTHS DAYS	HOURS MIN.	(Morith, Day, Year) CC. 24, 19	1 8. BIRTNPLACE (State or Foreign Country) 11 Maryland
TOR	9a. FACILITY NAME (If not institution, give stree Fallston General			Ston	N	sc. county of DEATH Harford
DIRECTOR	10a. STATE 10b. COUNTY	ltimore	10c. CITY, TOWN OR LOC Bal	timore		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 4133 Glen Park Ro	d.	1	21236		10g. CITIZEN OF WHAT COUNTRY? U.S.A.
BY FUR	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN U.S. ARI FORCES? 1 📉 YES 2 🗆 N IF YES, GIVE WAR OR DATES WW II		CENDENT OF NISPANIC (pecify Cuban, Maxican, FS 2 X NO Specify:	ORIGIN? (Specify Yes o verto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, Specify White
COMPLETED		completed) (Gh Hite.	CEDENT'S USUAL OCCUPATIVE kind of work done during in Do NOT use retired.)	ION lost of working	Ghan a hu	
MA	8th grade 17. FATHER'S NAME (First, Middle, Last)	00	vner	40 1107115710 11115	(First, Middle, Maiden Su	
E C	John Grelle	7		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	t Markol	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
00	19a, INFORMANT'S NAME (Type/Print)	19b	. MAILING ADDRESS (Street			
5	Mary C. Zeller (de	mghter)	1319 Thomas	Run Rd., B	sel Air, M	D 21015
	20g, METHOD OF DISPOSITION 1  X Burisi   2   Cremation   3   Remove 4   Donation   8   Other (Specify)	al from Stala cametery, curr	INDIDATE OF DISPOSITION (I			timore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE .	Schir 9705	no address of facili Tunek Funer Belair Rd.	al Homes, . Baltimo	Inc. re. MD 21236
	23. PART Enter the diseases, or cor shock, or heart failure. Lis	mplications that caused the des at only one cause on each line.	ath. Do not enter the m	ode of dying, such a	a cardisc or reapira	tory arrest, Approximate Interval Between
	IMMEDIATE CAUSE (Final	VENTRICUL DUE TO (OR AS A CONSEO		YTHMIA		Onset and Death
7		ISCHUMIC			,	12 VIENRS
TIO	If any leading to immediate	DUE TO (OR AS A CONSEO	UENCE OF):	-		2/000
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CORONARY DUE TO (OR AS A CONSE	UENCE OF):	29 0150	CAJE	ZYEARS
CC	PART II. Other algolificant conditions of	contributing to death but not re	eaulting in the underlyi	o cause given in Par	1 1. 24a, WAS AN AL	JTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICA		JASCULAR			PERFORMI	ED? AMAILABLE PRIOR TO
	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF DEAT	TH YES X NO [	UNCERTAIN I		1 - YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		E OF DEATH (Check only one			
IX		Nonpatient 2 ☐ ER/Outpatient 3	DOA 4 Nursing Ho	me 5 Residence 8		N/A
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT A PT 28 ORK? NO 28	d. DESCRIBE HOW INJ	URY OCCURED
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At hom building, etc. (Specify)	/ / / /			1 Number or Rural Route Number,
ETED	4 Homicide determined	NA			City or Town, State)	
COMPLET		AN: To the best of my knowledge, dea On the besis of exemination and/or in				er as atated. due to the cause(a) and menner as stated,
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Cook I MD		29c. LICENSE NUMBER	96	SEPTEMBER 16, 1995
	30. NAME AND ADDRESS OF PERSON WHO C	· Cooksm.	1) 1131 8	CLAIR R	A. Becall	R Md. 21047
	31. DATE FILED (Month, Day, Year) SEP 2 1 1995	JELLA DE WELLON HAND	all			

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Schumaner runerat nomes, 1nc. 9705 Belair Rd., Baltimore, MD 21236

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ETEM:	1.	PER	F.H.	FILM	G - 727	9/21/9	t.t

210-10-8806   1   M 2 M F   92   YRS. MONTHS DAYS HOURS MIN. Sept. 2, 1913    96. FACILITY NAME (If not institution, give street and number)   9b. CITY, TOWN OR LOCATION OF DEATH   9c. COUNT	3. TIME OF OEATH
210-10-8806  1 M 2 M F 92  VRS. MONTHS DAYS HOURS MIN. Sept. 2, 1913  90. FACILITY NAME (If not institution, give street and number)  91. CITY, TOWN OR LOCATION OF DEATH  92. COUNT	9:25 P M
	BIRTHPLACE (State or Foreign Country) Pennsylvania
RESIDENCE OF DECEDENT	ry of OEATH timore
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
Maryland N/A Baltimore	1 YES 2 NO
10e. STREET AND NUMBER 5702 Downing Place 10f. ZIP CODE 21212 U.S  11. MARITAL STATUS 12. WAS OCCEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14 14. Never Merried 15. Was December of Hispanic Origin? (Specify Yee or No— 14 15. Was December of Hispanic Origin? (Specify Yee or No— 14 16. Never Merried 16. ZIP CODE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16. JUNE 16	S.A.
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yee or No 14 19. WAS DECENDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HI	4. RACE — American Indian, Black, White, etc.
3 TWildowed 4 Divorced IF YES, GIVE WAR OR OATES 1 TYES 2 TWO Specify:	specify: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8 Years  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  Planketing  16. NOTHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First, Middle, Melden Surneme)	STRY
8 years Marketing Retail Sales	<b>3</b>
19a INFORMANT'S NAME (TransPoint)	Corte
Gino John Gemignani 5702 Downing Place, Baltimore, MD 21	
20s. METHOD OF DISPOSITION  1   Burlel 2   Cremetion 3   Removal from State  20b. PLACEAND DATE Of DISPOSITION (Name of DATE Date)	ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ie, Maryland
Mitchell-Wiedefeld Home Inc. 6500 York Rd. Baltimore, MD	
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arresponds, or heart fellure. List only one cause on each line.	Mt, Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Onset and Dasth
DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions.	i
If any, leading to immediate	
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Inditiated events.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	24b. WERE AUTOPSY FINDINGS
	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	AVAILABLE PRIOR TO
	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  EXAMINER?  1 In Impatient 2 ER/Outpatient 3 DOA 4 Mursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  280. DATE OF INJURY AT 28d. DESCRIBE HOW INJURY OCCUIT	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.  PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. Was Case referred to Medical EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Shuraing Home 5 Residence 6 Other (Specify)  27. Manner of Death 1 Pending In the underlying cause given in Pert I.  24a. Was AN AUTOPSY PERFORMED?  1 YES 2 NO  25a. DATE OF DEATH YES DOA 4 Shuraing Home 5 Residence 6 Other (Specify)  25b. UNDERTAIN  1 Natural 5 Pending In The underlying cause given in Pert I.  24a. Was AN AUTOPSY PERFORMED?  1 YES 2 NO  25b. INDERTAIN  26c. INJURY AT WORK?  1 YES 2 NO  26c. INJURY AT WORK?  1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA A Shursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  26e. DATE OF INJURY At home form street factory office.  26e. PLACE OF INJURY At home form street factory office.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  260. DATE OF INJURY  260. DATE OF INJURY  260. TIME OF INJURY AT WORK?  1 YES 2 NO  260. PLACE OF INJURY At home form street foctory office.  260. PLACE OF INJURY At home form street foctory office.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.  PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  THER:  1 Inpatient 2 ER/Outpatient 3 DOA 4 Shursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending  Investigation  3 Suicide 6 Could not be determined  28. PLACE OF INJURY At home, farm, streat, factory, office  29. CERTIFIER  (Check only 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in Thy-epinion, death occurred at the time, data end place, and due to the cause(e) end manner as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,
PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert I.    24a, WAS AN AUTOPSY PERFORMED?   1 YES 2 NO   UNCERTAIN   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.  PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  THER:  1 Inpatient 2 ER/Outpatient 3 DOA 4 Shursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending  Investigation  3 Suicide 6 Could not be determined  28. PLACE OF INJURY At home, farm, streat, factory, office  29. CERTIFIER  (Check only 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in Thy-epinion, death occurred at the time, data end place, and due to the cause(e) end manner as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,

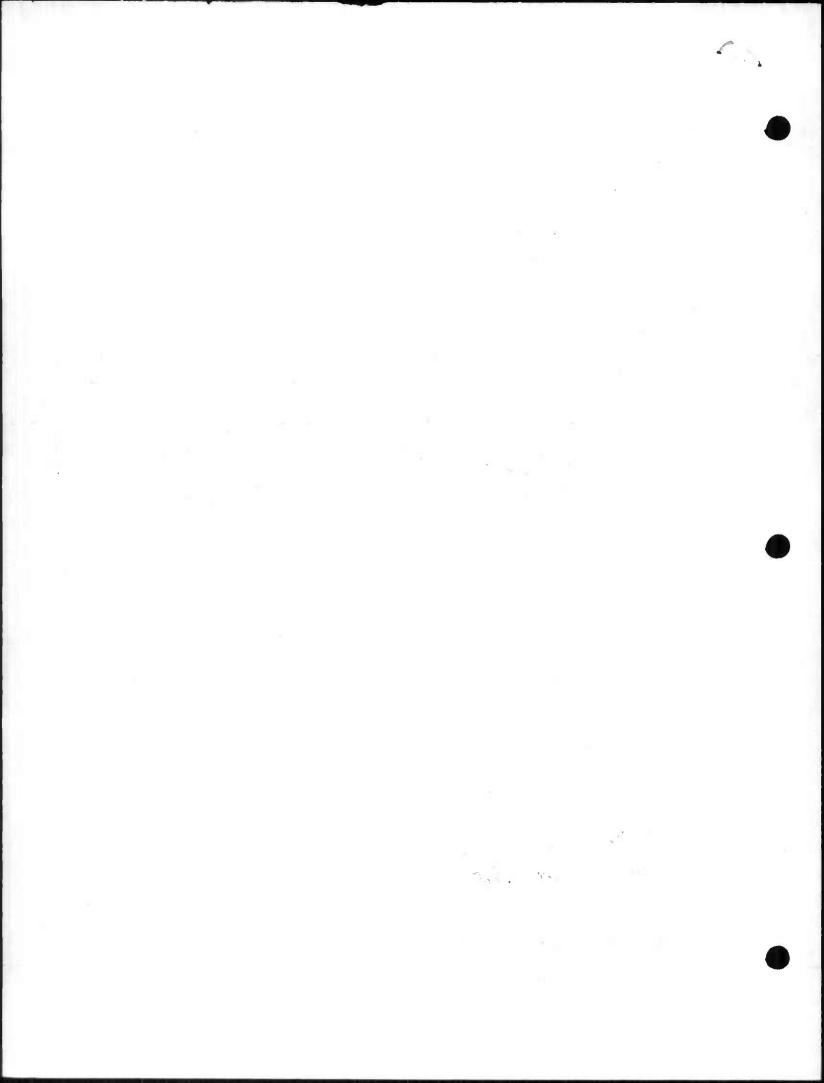
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 24 hours after death, Page	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct
execut	and c
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6 may be retained by the hospital or attending physician. ctor, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE DEGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		SIAIE UF I	MAKYLAN	CERTIF					EN IAL HYGIENI REG. NO.	Ė		
1. DECEDENT'S NAME (First	t, Middle, Last)								. DATE OF DEATH			. TIME OF DEATH
HARRY	LYN	GIND	HART					s	MONTH DA EPTEMBER	20,	1995	100 AM
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER		UNDER 24 H		. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
149-42-8834	1	1½ M 2 □ F	46	YRS.	MONTHS	DAYS H	OURS M	AIN.	06-26-194	9		JERSEY
Sa. FACILITY NAME (If not	Institution, give :	street and number)			9b. CITY,	CITY, TOWN OR LOCATION OF			Н	9c. COU	NTY OF DEATH	
6602 RAPID	PID WATER WAY, UNIT 101 GLEN							ΙE		ANN	E ARUI	NDEL
RESIDENCE OF DE	T				-77							
MARYLAND	10b. COUNT	NNE ARUN	DET			BURN						Dd. INSIDE CITY LIMITS?
10s. STREET AND NUMBER		MALE ARON	050		GLEN							YES 2X NO
6602 RAPID		WAY, UNI	T 101			0.00	1060			10g. CIT	U.S	.A.
11. MARITAL STATUS 1 Never Married 2 3 3 Wildowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	12 NO	1		y Cuban, N	Maxican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE — Black, 1 Specify:	- American indian, White, etc. WHITE
	CEDENT'S EDL		16	a. DECEDENT'S (Give kind of	USUAL O	CCUPATION	d considera		16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary	-	College (1-4 or 5	+)	life. Do NOT us	se retired.)	aunng most d	r working					
12		2		TRUCK	DRIV	ER			RIDER	TRUC	K COM	PANY
17. FATHER'S NAME (FI/SI, HARRY MAT		GINDHART				1	MOTHER HEI		(First, Middle, Malden	Surname)	LUI	NDY
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS	S (Street and	Number or	Rural Ro	ite Number, City or Town	n, Stete, Zi	p Code)	
DAPHNE GINI	OHART			6602	RAPI	D WAT	ER WA	AY,	UNIT 101,	GLE	N BURI	NIE, MD. 2
20a. METHOD OF DISPOSI 1X Burial 2 Cremat 4 Donation 6 Other	ion 3 🗆 Ran	noval from State		ACE AND DATE			of	9			ORO . I	n, Stata NEW JERSEY
21. SIGNATURE OF PUNER		MINSER .			22.	NAME AND		OF FACI	ITY			AL HOME,
4	X	m .			G	LEN_B	URNTE	E. M	ARYLAND 2	1061		
23. PART I. Enfar the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)									Approximats interval Between Onset and Death			
Carcing of the Gallbladder									3 mg			
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING												
thet initieted events	CAUSE (Disease or Injury											
PART II. Other aignific	d.  PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
	PERFORMED?  1 YES 2 NO									MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
DID TOBACCO	USE CONT	RIBUTE TO CA					UNCER	RTAIN	A			
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	26.	PLACE OF DEA	OTHE							
1 - YES 2 NO		1 Inpatient 2	☐ ER/Outpatie	nt 3 🗆 DOA		rsing Home	5 Resid	dence 8	Other (Specify)			
	Pending	28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?										
2 Dudatda =	Z Accident Investigation  3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)									er or Rural Ro	ute Number,	
1000	RTIFYING PHY	/ 7							the cause(a) and mer			and menner as stated.
29b. SIGNATURE AND TITE	FOF CENTURAL	Atufer	to	M		- 4	124	SE MUMB	6	29d. DA	9/20	Mondy/Delic Wars
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CAL	SE OF DEATH	(ITEM 27) (Type	o, Print)	Anus	Hos	pir	by 900	Gal	for de	121229
SEP21		Selve of week	AR'S SIGNATU	IRE	7	)						1



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First,	Middle, Last)	DETR	T C U	C	GRAEI	FE.	SR	2. DATE	OF DEATH	th 19		19:36 PM
	JOHN 4. SOCIAL SECURITY NUMB	ER	5. SEX		s. lest birthdey)	IF UNDER		IF UNDER 24 HRS.		OF BIRTH	8.1	BIRTHPLA	NCE (State or Foreign
	216-01-037	7	<del>XX</del> M 2 □ F	89		MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) MARCH 20,1906 MARYLAND				
	9a. FACILITY NAME (If not in:	stitution, give sti	reet and number)					OR LOCATION OF DE		,	9c. COUNTY	OF DEAT	н
DIRECTOR	NORTH ARUNI	TION	GL.	EN B	BURNIE			A.A.	COL	JN1I			
REC	10a. STATE	10b. COUNTY			10c. CITY	, TOWN C						15.5	d. INSIDE CITY LIMITS?
	MARYLAND  10e. STREET AND NUMBER	DEL		GL		URNIE					YES 2 NO		
FUNERAL	412 3RD AVE				101	21061	10g. CITIZEN OF V						
B	11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divo		12. WAS DECEOEN FORCES? 1 IF YES, OIVE W	YES 2	NO NO	1	f yes, sp	CENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	n, Puerto F			RACE — Black, W Specify:	American Indian, hite, etc. WHITE
回	15. DEC (Specify only	EDENT'S EDUC highest grade	CATION completed)	-16	e. DECEDENT'S	rork done			16b.	KIND OF BUS	INESS/INDUST	RY	
TO BE COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5 - N/A		ille. Do NOT usi IAINTEN				H	ARBISO	N AND	WALK	ER
	17. FATHER'S NAME (First, M DIREK	iddle, Last)		GRAE	FE			18. MOTHER'S NA KEA	ME (First, A	Viddle, Maiden	Sumame) KLEA	N	
	19a. INFORMANT'S NAME (7) ANNA E. GRA							and Number or Rural I	VE,	GLEN B	URNIE,	MAR	
	20a. METHOD OF DISPOSIT		oval from State		ACE AND DATE O			ame of	9/2	3/95 CT	CATION — City	or Town,	Stata
	4 Donation 5 Other	(Space)	1.	GI	EN HAVI	EN M	EMOR	IAL PARK		1 611	EN DOR	MILE,	MD. 21001
	22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERA  1 SECOND AVENUE S.W. GLEN BURNIE, MARYLAND 21061									L HOME,			
	33. PART Entra the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Batween interval Batween												
	IMMEDIATE CAUSE (Fir												
	resulting In death)  a. PERFORATED GASTAS: ULCER  DAYS												
2	IMMEDIATE CAUSE (Final disease or condition resulting in death)  PERFORATED GASTRIE ULCER  Due to (on as a consequence or): AND  Sequentially list conditions, if any, leading to immediate  Due to (on as a consequence or):  Due to (on as a consequence or):  Due to (on as a consequence or):  Due to (on as a consequence or):												
0E	Sequentially list conditions, If any, leading to immediate  b. If YET TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO												
2	CAUSE (Disease or Injury												
CERTIFICATION	that initiated eventa resulting in death) LAST												
	d.  PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FR										ERE AUTOPSY FINDINGS		
EDICAL	CHRONIC MYELD FROUPFRATIUS DESCREEK 10 VES 2 DINO									CC	MILABLE PRIOR TO OMPLETION OF CAUSE		
MED												F DEATH?	
_	DID TOBACCO U	STOTEC APTHEORYS & EMPITYSTIMA  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN   1 YES 2 NO											
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	26.	PLACE OF DEAT								
IYSI	1 TES 2 NO		1 Pinpatient 2						8 C Other (Specify)  28d, DESCRIBE HOW INJURY OCCURED				
		Pending	26a. DATE Of (Month, L		26b. TIM	URY	W	JURY AT ORK? YES 2 NO	286. DE	SCHIBE HOW II	NJURY OCCUR	ED	
ED BY	2 Accident 3 Suicide 8 4 Homicide	Investigation  Could not be determined		OF INJURY — etc. (Specify)	At home, term, a	street, fac				ATION (Street a or Town, Stete)	and Number or i	Rural Rou	te Number,
E	29e. CERTIFIER	TIENING BUNG	(CAN) To 16 - 6 - 6 -		Normal Laboratory						ann ann a	_	
COMPLETED	Crieck only							e and place, and due death occured at the				ause(a) a	nd manner as stated.
ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	R	1				29c. LICENSE NUI	MBER		29d. DATE S	IGNED (M	lonth, Day, Year)
TO B	30. NAME AND ADDRESS O	c Pencon wa	O COMPLETED CAL	M SE OF DEATH	) /	Print1		019			19	20/	95
·	DAVID RO	SE, M.	D./200 H	OSPIT	AL DRIV	Έ, #	500	/GLEN BUI	RNIE,	MARYI	LAND 2	1061	
	SEP21	Year)	32. REGISTR	AR'S SIGNATI	JRE								
	OLFAI	135	telli Alua	ar Park	all.								DHMH-18 Rev 1/89

1995

9c. COUNTY OF DEATH

Harford

U.S.A.

20c. LOCATION — City or Town, State

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 TYES 2 NO

White

Stevadore

21014

Onset and Death

>540

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 TYES 2 NO

COMPLETION OF CAUSE OF DEATH?

B. BIRTHPLACE (State or Foreign

Maryland

10g, CITIZEN OF WHAT COUNTRY?

Specify

Baltimore, Maryland

PM

REG. NO.

1898

Md.

PERFORMED?

1 YES 2 NO

29c. LICENSE NUMBER

D3225

2. DATE OF OEATH

Sept Frederick Gebhardt 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 213-05-0633 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF CEATH DIRECTOR Bel Forest Nursing Center Forest Hill RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Fallston Harford permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 702 Sharps Court 21047 use as the burial-transit or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried BY 3 🕅 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Ď College (1-4 or 5 +) N/A N/A leath. Page 6 may be retained by the hospit funeral director, page 5 should be detached Supervisor Grain Elevator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Michael Gebhardt Catherine Wagner BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Linda A. Pollock (Granddaughter) 1607 Laurel Drive. Joppa. ours after death. Page 6 may be pe 20a, METHOD UP
1 W Burlel 2 Cremetion 3
4 Donetion 6 Other (Specify) METHOD OF DISPOSITION
Burlet 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of OATE must Most Holy Redeemer Cem. 9/19/95 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home of Bel Air, Inc. examiner 21, SIGNATURE OF AUNERAL SERVICE LICENSEE 610 W. MacPhail Rd., Bel Air, Md. n by the fremoval. medical 23. PART . Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. in by 6 IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition ASCVD resulting in death) traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events attending physician other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 the atter PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL been signed by the any OR ATTENDING PHYSICIAN: The law requires DIRECTOR: After this certificate has been signe hours after death with the State Dept. of Health shows has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 - Residence 6 - Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 6 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, Notural . 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide .22 6 Could not be COMPLETED 4 Homicide 28

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 29e. CERTIFIER

(Check only

1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)



item

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

DAVIL 31. DATE FILEO (Month, Day, Year)

5

SEP 2 1 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

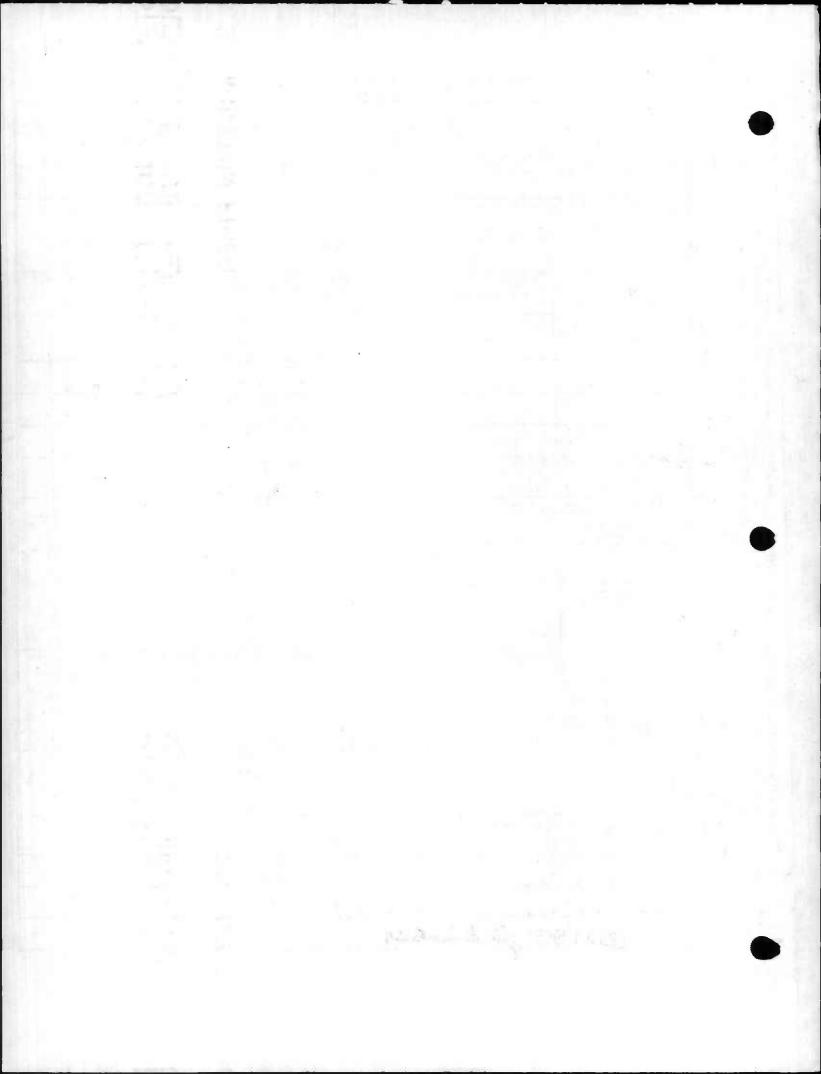
32. REDISTRAR'S SIGNATURE

Jalia obuderka

1131 BELAIC

HOSPITAL FUNERAL I =

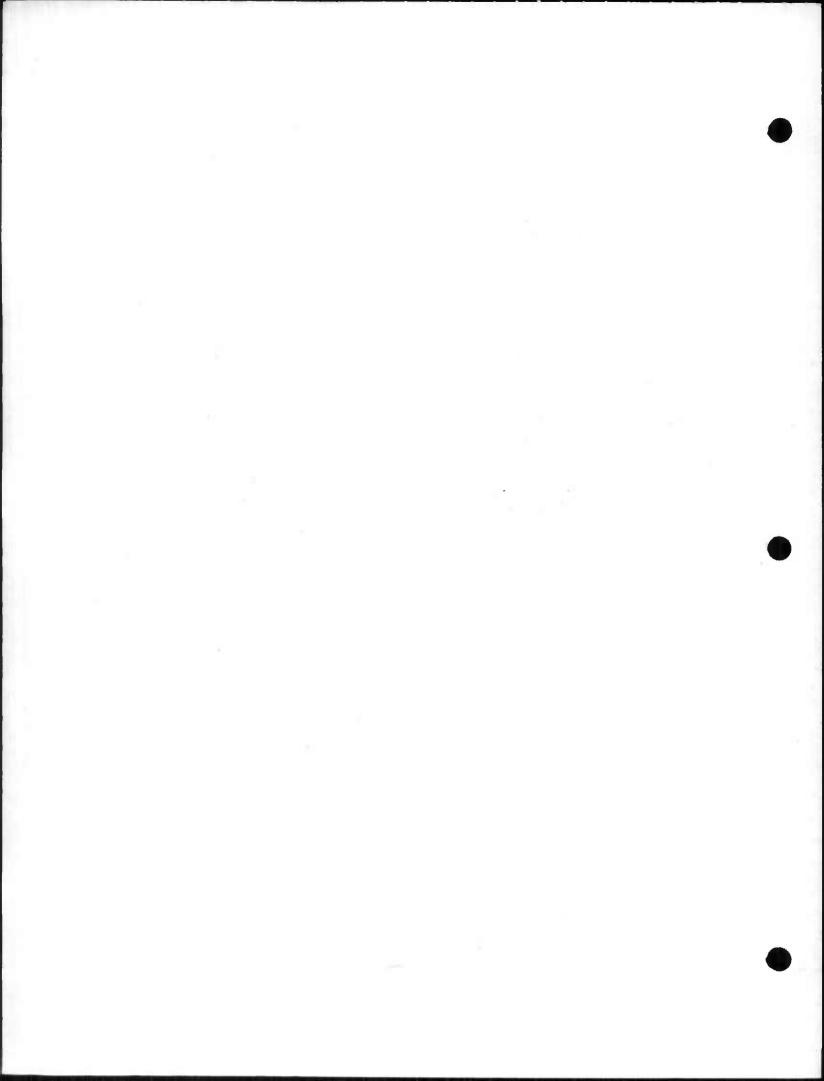
TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II



DIVISION OF VITAL RECORDS, P.O. BOX 6876

	es 1, 2, 3 should		
ly be retained by the nospital of attending physician.	page 5 should be detached for use as the burial-transit permit. Pages 1, 2.		just be notified at once.
. rage o ma	ral director.		iner must
eam	fune		хаш
HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed writing 24 hours and de-	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	MPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner mu
THE HOSPI	TO THE FUNEF	be filed within	MPORTANT

	FOR 1 - STATE REGISTRAR	STATE OF N			RTMENT OF			MENTAL HYGIEN REG. NO			C 0 7 1 C	
	1. DECEDENT'S NAME (First, Middle, Lest) MABEL	GRIFFIN						2. DATE OF DEATH SEPT 18,	1995	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-20-9544	-20-9544 1 M 2 KF 80 YRS.					NDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF B (Morith, De) 5/15/					
TOR	9e. FACILITY NAME (# not institution, give standard   4626 HAWSKSBURG   RESIDENCE OF DECEDENT		96. CITY, TOW	IMORE		EATH	BALTIMORE					
ED BY FUNERAL DIRECTOR	100. STATE 100. COUNTY MARYLAND BALT	IMORE		1	RANDALI	STOWN				1,	Od. INSIDE CITY LIMITS? X YES 2 NO	
	100. STREET AND NUMBER 4626 HAWKSBERRY R 11. MARITAL STATUS	OAD 12. WAS DECEDEN	T EVER IN U.S. AS	PMFO	13. WAS	21208	3	NIC ORIGIN? (Specify Ye	U	SA	AT COUNTRY?  - American Indian,	
	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2	NO	If yea	specify Cub (ES 2 NO	en, Mexice Specif	in, Puerlo Rican, etc.) y:	1	Specify: ARF.	AMERICAN	
COMPLETED	ts. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 -	) (G	ECEDENT'S Sive kind of a. Do NOT u	USUAL OCCUP work done during se retired.)	ATION most of work	ing	UNKNOV		DUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) SAMUEL TILLY					JE	ANIE		1			
5	20e. METHOD OF DISPOSITION	IRLES		4626	HAWKSB	ERRY		BALTIMOR	E, MA	RYLAN		
206. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removal from Stata  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  206. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  207. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  208. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  209. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  209. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  209. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  209. PLACE AND DATE OF DISPOSITION (Name of Legislation of Company)  209. PLACE AND DATE OF DATE OF COMPANY  209. PLACE AND DATE OF DATE OF COMPANY  209. PLACE AND DATE OF DATE OF COMPANY  209. PLACE AND DATE OF COMPANY  209. PLACE AND DATE OF COMPANY  209. PLACE AND DATE OF COMPANY  209. PLACE AND DATE OF COMPANY  209. PLACE AND DATE OF COMPANY  209. PLACE AND DATE OF COMPANY  209.									RYLAND			
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cet	use on much line	· H	not enter the	mode of d	ylng, suc	th se cardiac or resp			Approximate Interval Batweer Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Due to (or as a consequence of):  c. Due to (or as a consequence of):  d											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 JUNO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO JUNCERTAIN								a d	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?  YES 2 LINO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEA	OTHER:	nne)						
BY PHYS	27. MANNER OF DEATH  1 Matural 5 Pending	28e. DATE Of (Month, L	INJURY	28b. TII	JURY	INJURY AT WORK?	NO NO	8 Chher (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED		
	2 Accident Investigation 3 Suicide 6 Could not be detarmined  26e. PLACE OF INJURY — At home, farm, street, tectory, office City or flown, State)  26f. PLACE OF INJURY — At home, farm, street, tectory, office City or flown, State)									ute Number,		
COMPLETED	299. CERTIFIER (Check only until 2 MEDICAL EXAMINE							to the cause(e) end me			and manner ee stated.	
TO BE	290 SIGNATURE AND TITLE OF CERTIFIC	IO COMPLETED CAU	SE OF DEATH SITE	EM 27) /Em	a Drive)	D4	CENSE NU	MBER 9/	29d. DAT	re signed (	Worth, Day, Year) 8-1997	
	31. DATE FILED (Month, Day, Year)	RIAZ	AR'S SIGNATURE		mard	, fer	my (	201. Link	ieu	-9	1090	
	SEP 2 1 1995 Jan	hi devila	Robert									

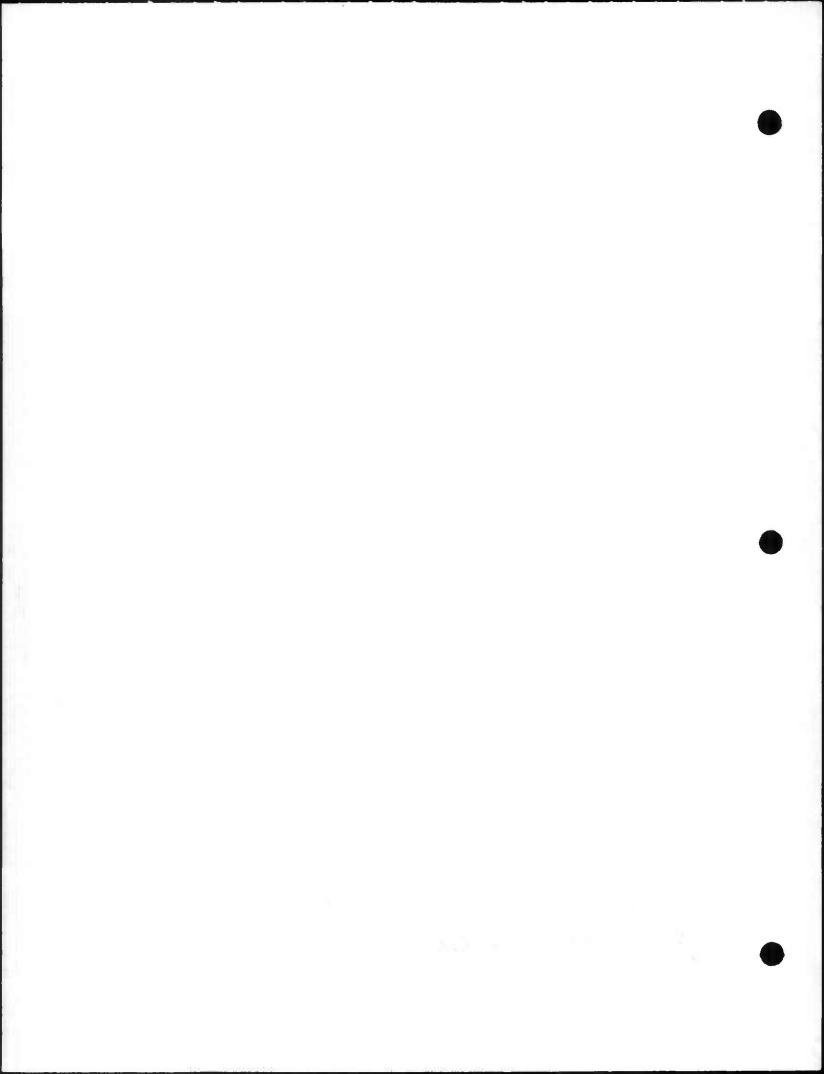


DIVISION OF VITAL

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	LAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	y the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	9000

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	TIEGIOTIONI				<u> </u>	.mii	ICALE	_ 0	DEM	111	F	EG. NO.			
		1. DECEDENT'S NAME (First,		GOLDSTEIN					2. DATE OF DEATH MONTH 3. TIME OF DEATH							
Т	-	4. SOCIAL SECURITY NUMB	JEAN	5. SEX						1		SEPT.		1995		10:51pm M
1		577-20-0757	ER	1 M 2 F	6. AGE (In	973. last		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF 1 (Month, De OCT	w Weart	1907	Count	HPLACE (State or Foreign N) HODE ISLAND
		9a. FACILITY NAME (If not in:		9b. CITY	TOWN (	OR LOCATI	ON OF DE		. 9,1		NTY OF D					
5	5	NORTHWEST HOSPITAL CENTER						RANDALLSTOWN					BALTIMORE			
1	5	RESIDENCE OF DECEDENT								· 						
			10c. CIT	Y, TOWN C	DR LOÇAT							10d. INSIDE CITY LIMITS?				
		MARYLAND  100. STREET AND NUMBER		-	101	. ZIP COD		LLSTO	VIN	10a CIT	ZEN OF	1X YES 2 NO				
		3725 DOWNEY					21133					ISA	HIAI COUNTRY			
	5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARN	IED	13.	WAS OEC	ENDENT C	OF HISPAN	IC ORIGIN? (S	pecify Yes		14. RACI	E — American Indian,
DV CHMCOAL		1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE V			,		YES	2 X NO	Specify:	n, Puerto Rica:	1, etc.)		Spec	k, White, etc.
Į,	3		EDENT'S EDU			16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON all of words		16b. KIN	D OF BUS	SINESS/INC	DUSTRY	
COMBI ETER		Elementary/Secondary (0-		College (1-4 or 5	•)	Iffe. i	Do NOT us	e retired.)		of Or WORK	79		WN F	OME		
	E I	17. FATHER'S NAME (First, Mi				11	Olvina.	MICISIC	`							
		WOLFE	00.0, 220.0	S	MITH						LA	ME (First, Middl	e, Malden	Surname)	DA	MATTAL
100		19a. INFORMANT'S NAME (7)	rpe/Print)			19b.	MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Number, C	City or Town	n, State, Zic	Code)	NNIN
T CE	-	MR. ELMER	G	OLDSTEIN		3	725	DOWN	EY I	DALE	DRIV	E RANI	DALLS	NWOTE	I, MI	21133
i		20a. METHOD OF DISPOSITE 1 Durial 2 Cremation	n 3 🗆 Berne	oval from State				OF DISPOS	ITION /Na	me of		DATE	20c. LO	CATION —	City or To	own, State
		4 Donation 5 Other 21. SIGNATURE OF FUNERAL		ENSEE 7	- OI	IEB	SHAL				PARK SS OF FAC		-1995	-REI	STEF	RSTOWN, MD
E VOIE		- Elle	nou	eder	un	00	~	S	OL I	LEVI1	ISON	& BROS				
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate														
	ı	INMEDIATE CALLES /Final														
		disease or condition resulting in death)  a. Acute Nispiwate w Failure  onset and beath  onset and beath														
		Due to (or as a consequence of):  Sequentially list conditions  b. Apprecy Sync. // S														
CERTIFICATION	5	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):														
AT	5	if any, leading to immediate cause. Enter UNDERLYING  PLEY FOR CHIEF HELY S PLANT 14 FORT														
TIL		that initiated events  DUE TO (OR AS A CONSEQUENCE OF):														
		resulting in death) LAST														
	- 11	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
FDICAL		HISTY & Can't Such Completion of caus											COMPLETION OF CAUSE OF DEATH?			
2										1		_				1 TYES 2 THO
Ż		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO WUNCERTAIN I														
PHYSICIAN		25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   40   1   Inpetion: 2   ER/Outpetion: 3   DOA   4   Number Home 5   Residence 6   Other (Specific)														
. X		27. MANNER OF DEATH		28a. DATE OF	INJURY		20b. TIM		ing Hom 28c. INJ	-	sidence (	28d. DESCRI		LIURY OC	CURED	
A Y	- 10		Pending restigation	(Month, D	ey, Ybar)			URY	WO	RK7 YES 2	NO		-21101111		JOHED	
FTED B		3 Suicide 5 C	Could not be	28a PLACE O building,	F INJURY - etc. (Specify	– At hom	e, ferm, s	treet, facto	ory, office			281. LOCATIO City or To		nd Number	or Rural F	Poute Number,
F		29a. CERTIFIER	FYING PHYSIC	CIAN: To the best of	my knowl-	dae de-	th account			-4.5		F. 1-27-10	ez. ez.			
COMPI																) and manner as stated.
BE	ı	29b. SIGNATURE AND TITLE	OF CERTIFIER	2.44						29c. LICE	NSE NUMI	BER /	Т	29d. DATI	E SIGNED	(Month, Day, Year)
10		Ellery	1 0			_				PI	91.	7/		1	7-10	95
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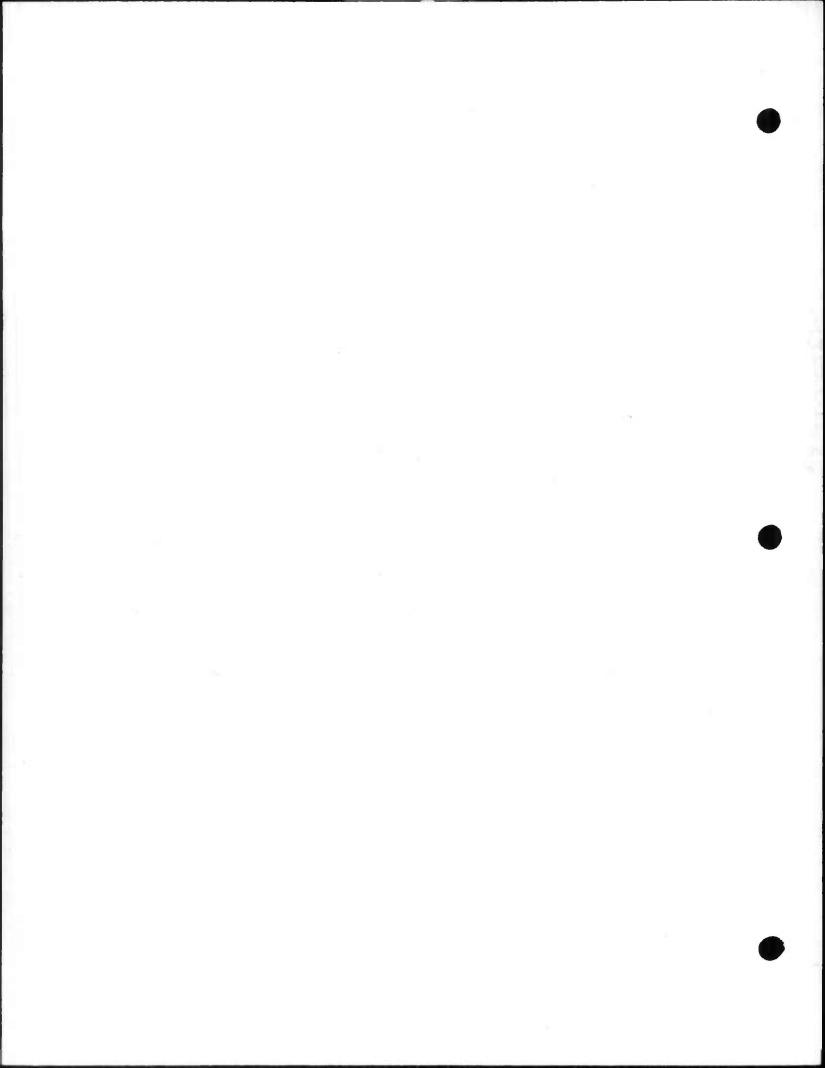
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM	MENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN			
1	BESSYE	F. GINSI	BERG	\		SEPTEM BE	ER 18 95				
	4. SOCIAL SECURITY NUMBER		Western and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st					THPLACE (State or Foreign ntry)			
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~	9a. FACILITY NAME (If not institution, give str		9b	CITY, TOWN C	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH			
0	NORTHWEST HOSPITAL	CENTER		RAND	ALLSTOWN	J	BALTI	IMORE			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d, INSIDE CITY			
P	MARYLAND N/A		BAL	TIMORE				LIMITS?			
A.	10e. STREET AHD HUMBER				. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
BY FUNERAL	301 McMECHEN ST, A	PT. 915			21217		USA	7			
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	RMED	13. WAS DEC	EHDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	e or No- 14. BAC	CE American Indien, ick, White, etc.			
34	3 ☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OR DATES	,,,,		2 X NO Specif			icity:			
	15. DECEDENT'S EDUC	ATION 160 D	ECEDENT'S USL	IAL OCCUPATIO	W.	401 8000 00 00	SINESS/INDUSTRY	WHITE			
E	(Specify only highest grade of Elementary/Secondary (0-12)	completed) (I	Give kind of work	done during mo:	st of working	166. KIND OF BU	SINESS/INDUSTRY				
P	6		ASSISTA	NT BITY	ER	HUTT	LER BROS	,			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	•	2010111	III DOL		AME (First, Middle, Malden		),			
BE C	MORDECHAI	GINSBE	ERG		BER	THA		GLASSER			
TO B	19e. IHFORMANT'S NAME (Type/Print)	11	Pb. MAILING ADI	DRESS (Street e		Route Number, City or Tow		GLISOSILIK			
F	MR. HENRY GINS	BERG	23 MAR	Y CARRO	OLL CT.	BALTIMORE,	MD 21208	3			
	20a. METHOD OF DISPOSITION 1   ↑ Buriel 2 □ Cremation 3 □ Remo	val from State   cametery or	AND DATE OF D	ISPOSITION (Na	me of	DATE 20c. LO	CATION — City or 1	Town, Siste			
	4 Donation 6 Other (Specify)  21. SIGNATURE OF BONERAL SERVICE LICE	MIKE	O KODE	SH BETI	H ISRAEL	9-19-199	5-BALTIM	ORE, MD			
	21. SIGNATURE OF BUNERAL SERVICE LICE	IN CALL		SOL LI	EVINSON	& BROS., I	NC.				
	Statt 11	1. Withen		6010 I	REISTERS	TOWN ROAD	BALTIMOR	E, MD 21215			
	23. PART I. Enter the diseases, or co shock, or heart fallure. L.	omplications that caused the dilations one cause on each lin	eath. Do not	enter the mo	de of dying, suc	h as cardiac or resp	ratory arrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final							Onset and Death			
	disease or condition resulting in death)	SEF					210AYS				
		DUE TO (OR AS A COHSE		Y							
NO	Sequentially list conditions,	DUE TO (OR AS A COHSE		210AYS							
¥	if any, leading to immediate cause. Enter UNDERLYING	PNEUM		14, 0A-15							
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A CONSE				-		7210117			
CERTIFICATION	reaulting in death) LAST										
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		CE OF DEATH		ONCERIAI						
Sic		HOSPITAL: 1 Pinpatient 2 ER/Outpatient :		HER: Nursing Nome	5 🗆 Residence	6 Cher (Specify)					
	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c. INJI		28d. DESCRIBE HOW I	HJURY OCCURED				
ВУ	1 Natural 5 Pending 2 Accident Investigation				ES 2 HO						
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, atree	t, factory, office		281. LOCATIOH (Street of City or Town, State)	and Number or Rural	Route Number,			
ETE											
4		EIAH: To the best of my knowledge, d									
COMPLETED	2 MEDICAL EXAMINER	On the beele of examination and/or	Investigation, in	my opinion, de	eath occured at the	time, date end place, en	d due to the cause	(e) end manner ea stated.			
u.	296. SIGNATURE AND TITLE OF CERTIFIER	0.0			29c. LICENSE NUI	MBER		D (Month, Day, Year)			
TO B		. RAO . M. E				462	PSEPTE	MEER 18,95			
	30. NAME AND ADDRESS OF PERSON WND	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Prin	71920	-ALC	ENTER					
,	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATURE	CLIT	0 0 2	, M-1.C	)					
}	SEP2 1 1995 Jali	32. REGISTRAR'S SIGNATURE									
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Pages 1, 2, 3 should

permit.

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ITEM: 1. PER F.H FILM G-727 9/21/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH John Henry Hagerman JR. report. 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig (Month, Dey, Year)
April 29,1918 Maryland DAYS HOURS VRS 216-10-9780 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City Maryland N/A YES 2 NO 10. STREET AND MUMBER FUNERAL 10g. CITIZEN OF WNAT COUNTRY? U.S.A. 3645 Chesterfield Avenue 21213 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 8 3 Widowed 4 Divorced Specify WII White 16a. DECEDENT'S USUAL OCCUPATION

**Cham kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12th grade Policeman Bethlehem Steel 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumame) 10 John H. Hagerman Sr. BE Lillian Cross notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anna Hagerman (daughter) 3645 Chesterfield Ave., Baltimore, MD 21213 pe 20a. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 H 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE must Parkwood Cemetery 9/21/95 4 Donation 6 Other (Specify) Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICE examiner 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home 3331 Brehms Lane, Baltimore, MD 21213 medical 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death** 100 disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUE CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN UNCERTAIN 26. PLACE OF DEATH (Check only one) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Rasidenca 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending M 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(s) and manner as stated. 29e. CERTIFIER COMPL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 2 E OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOX 6876 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.	BALTIMORE MARYI AND 21215-0020	within 24 hours after death, Page 6 may be retained by the hospital or attending physician.
7	DIVISION OF VITAL RECORDS. P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAJLING A	DDRESS (Street	end Number	or Rural A	oute Number, City of	r Town, State, Z.	ip Code)	
age 5 be no	-	Mrs. Carolyn Tha	ler		1110 W	. Lake	Ave.	Bal	timore,	Md. 23	L210	
ector, pa		20a. METHOD OF DISPOSITION 1 □ Burlat 2 □ Cremation 3 □ Fig.	movel from State	cemetery on	emetory or other	DISPOSITION (A			1	c. LOCATION -		
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CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CAROL HARRIS SEPT. 20,1995 0553 A A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 219-62-1314 1 M 2 X F 41 YRS 12-18-1953 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give stree 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOPKINS/BAYVIEW HOSPITAL E.R. BALTIMORE CITY DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10g. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore Dunda1k permit. 1 YES 2 X NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1813 Tyler Rd. 21222 signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Health and Mental Hygiene prior to burial, cremation, or removal. USA retained by the hospital or attending physician. 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 밆 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Secretary Trucking once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Ħ William Jackson Ann Salaris BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Barry S. Harris Sr. 1813 Tyler Rd. Baltimore, Md. 21222 Page 6 may be pe 20g-METHOD OF DISPOSITION
1 A Buriel 2 Cremetton 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must n Cemetery ometery, crematory or other Oak Lawn 4 Donation 5 Other (Specify) 9-22 Baltimore, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. Connelly Funeral Home of Dundalk 7110 Sollers Point Rd. 21222 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heaft saliure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finel **Onset and Desth** the disease or condition ATHOROSCUPPOTIC CARDININAMOR DISKASE executed within event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in deeth) LAST 0 Injury, PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL that shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO t. of H TUSPECTION DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO W UNCERTAIN I PHYSICIAN: Dept. 23 has t 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) tem certificate h HOSPITAL OTHER: XX YES 2 NO 1 ☐ Inpetient ¾[XER/Outpetient 3 ☐ DOA 4 🗆 No Home 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANYER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) offer this ce eath with the marked, 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY After 1 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide .00 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: / ED 6 Could not be 4 Homicide 28 determined ET 29e. CERTIFIER 8 COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL CO BE filed within 72 h (Check only one) HOSPITAL **MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE O.C.M.E ▶ SEPT. 20,1995 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARY DOLOR A. KORGULIM 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Studente

SEP21 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TTCMC. 22 DAD

1 - STATE

ITEMS: 23 PART I, 27, PER MEO FILM G-728 10/6/95 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

negis i nan			LITTI	AILU	LPLAI	111	Pi	EG. NO.		
1. DECEDENT'S NAME (First, Mid	idle, Last)						2. DATE OF D	DAY	YEAR	3. TIME OF DEATH
GARRETT  4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs.		I I WELL	IF UNDER	0.150	SEPT		1995	HPLACE (State or Foreign
	1 X M 2 F			UNDER 1 YEAR		24 HHS.	(Month, Day	, Year)	Count	ry)
Infant 90. FACILITY NAME (If not institu	- 55	E.R		3 4	N OR LOCATION	ON OF DE	6/12/		Ba county of t	lto., MD
		L PEDI	ATRIC		IMORI			100		N/A
RESIDENCE OF DECE	DENT									
JOHNS HOPKI  RESIDENCE OF DECEL  100. STATE  MARYLAND	b. COUNTY N/A			OWN OR LO	MORE					10d. INSIDE CITY LIMITS?  YAYES 2 \[ \Boxed{1}\] NO
	N/A			LIGING	10f. ZIP CODI			1		WHAT COUNTRY?
TOO. STREET AND NUMBER 1615 WARD C 11. MARITAL STATUS 1 (TRANSPORT MARTING) 2   MAR	OURT, APT	204			212			10		SA
11. MARITAL STATUS		ENT EVER IN U.S.	ARMED	13 WMS F			IC ORIGIN? (Si	ancity Yee or i		E — American Indian,
1 X Never Married 2 Me 3 Widowed 4 Divorce	FORCES?	1 YES 2 X	NO	If yes,		ın, Mexicar	, Puerto Rican		Spec	k, White, etc.
		T. And C.					400 400		00 11101107771	
(Specify only hi	ENT'S EDUCATION ghest grade completed)		DECEDENT'S US (Give kind of worl life, Do NOT use n	k done during		ng	16b. KIN	D OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or	5+)		/a				n	/a	
15. DECEDI (Specify only his Elementary/Secondary (0-12 n/a 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (First, Middle 17. FATHER'S NAME (FIRST, MIDDLE 17. FATHER'S NAME (FIRST, MIDDLE 17. FATHER'S NAME (FIRST, MIDDLE 17. FATHER'S NAME (FIRST, MIDDLE 17. FATHER'S NAME (FIRST, MIDLE 17. FAT	n / net)		11,	/ a	18 MOT	MED'S NAI	ME (First, Middle		-	
	Tamlin, Sr						onda l			
TO INCODMANT'S NAME (Time			19b. MAILINO AL	nness /s/m						21205
Lashonda Ni									alto.	21205 MD
20a. METHOD OF DISPOSITION			EANDDATEOF			0 / 2	-		ION — City or T	
1 XBuriel 2 Cremetion 4 Donation 6 Other (Sc			Memo			9/2				
21. SIGNATURE OF FUNERAL S	ERVICE LICENSER	- 1	1_		AND ADDRE			CON	EHMED	AL HOME
XVV	UUK	Jult	1							E 21207
shock, or hee	23. PART I. there the diseases, or complications that caying this deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between interval Between									
IMMEDIATE CAUSE (Finsi disesse or condition										
resulting in desth)				DROME (	SIDS)					
_	DUE TO (OR AS A CONSEQUENCE OF):									
	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or Johns	CAUSE (Disease of Julius)									
that initiated events	DUE	TO (OR AS A CON	SEQUENCE OF):							
resulting in death) LAST	d									
PART II. Other significant	conditions contributing	to deeth but no	ot resulting in	the underly	ying cause	given in	Part I. 24	, WAS AN AUT		b. WERE AUTOPSY FINDINGS
PART II. Other significant								PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							_   '	7 1ES 2	NO	OF DEATH?
DID TORACCO LIST	CONTRIBUTE TO	ALISE OF DE	FATH YES	Пио	VAL LING	FRTAIN				THE TEST NO
Z 25. WAS CASE REFERRED TO			LACE OF DEATH		1	SLICIPAL	1 -			
25. WAS CASE REFERRED TO I EXAMINER?  XXYES 2 NO  27. MANNER OF DEATH	HOSPITAL:	XXXIOutpetlent		THER:	doma 5 🗆 B	- aldana	6 ☐ Other (Sp	nanih d		
27. MANNER OF DEATH			28b. TIME		INJURY AT	igaruence			IRY OCCURED	
TVIAntrium 2 14	1 KXNetural 5 Pending (Month, Day, Year)					□ NO				
3 Suicide 8 Co		E OF INJURY — Ating, etc. (Specify)	home, farm, atre	et, factory, c	office		281. LOCATIO City or To	N (Street and own, State)	Number or Rural	Route Number,
294. CERTIFIER	YING PHYSICIAN: To the bes	of my beaulades	death assumed	at the time	deta and alas	and due	to the source!	\	an almed	
(Uneck only	L EXAMINER: On the beels									(s) and manner as stated.
	F-CERTIFIER	1,			29c. LIC	ENSE NUR	ABER	21	d. DATE SIGNE	D (Month, Day, Year)
230. SIGNATURE AND TITLE O	90				0.	C.M	.E		SEPT	. 17,1995
30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED O		Penn	Stre	et, E	Balt	imore	, Mai	ryland	21201
31. DATE FILED (Month, Day, Ye	32. REGIS		E							
SEP 2 1 199	months Co	THE PARTY	4							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

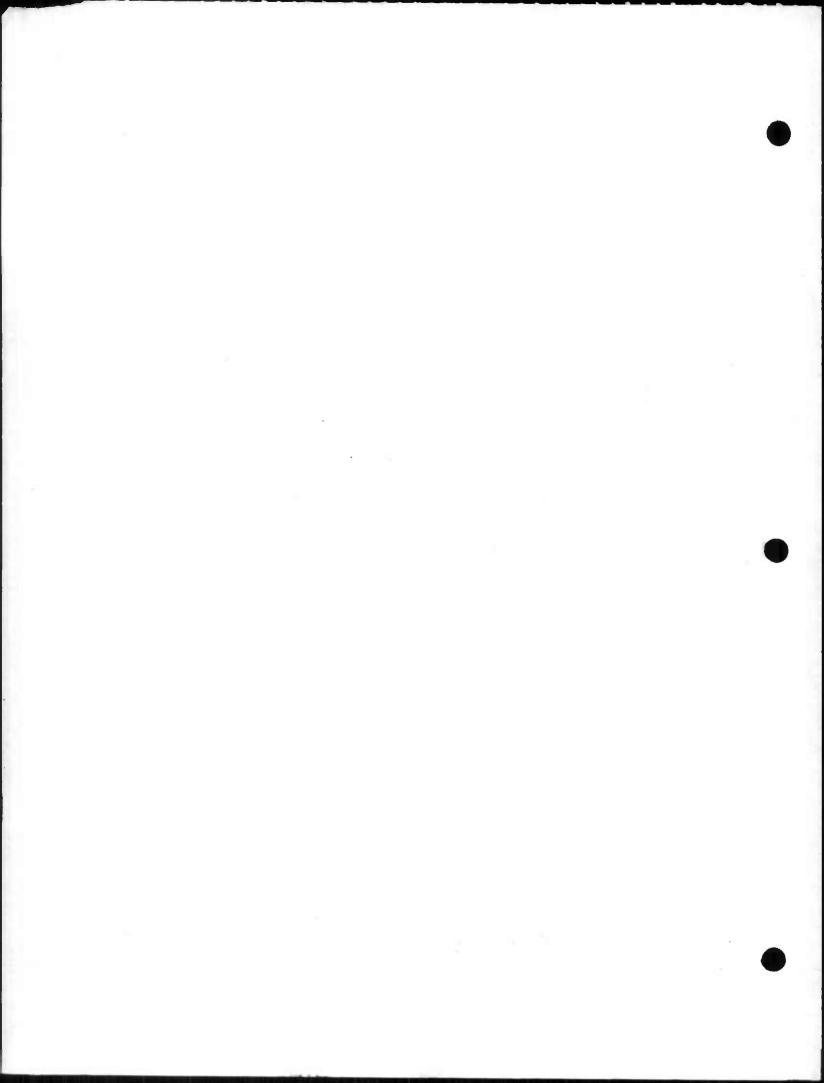
DHMH-16 Rev 1/89

1			STATE REGISTA	A
	1.	DI	ECEDENT'S	7

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEP	(TIFIC)	AIE U	T DEATH	RE	G. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)  WALTER				, , , -	KS	2. DATE OF DE MONTH SEPTE	MBER	19 199	15 3 10 PM
	4. SOCIAL SECURITY NUMBER 5. SE 225 18 6141 35		In yrs. last bi 76	YRS. MON	THE DAY		7. DATE OF BII (Month, Day, 11-2-	Year)	Co	RTHPLACE (State or Foreign cuntry) rginia
	9e. FACILITY NAME (If not institution, give street an	d number)		9b.	CITY, TOW	OR LOCATION OF D			c. COUNTY O	
TOR	Veterans Hospita	l Greene	St.	1	Balt	imore		]	Balti	more City
DIRECTOR	100. STATE 10b. COUNTY Maryland Baltimo	ore		Dune	own or Lo	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
3	10e, STREET AND NUMBER					10f. ZIP CODE		10	On, CITIZEN C	OF WHAT COUNTRY?
FUNERAL	1716 Pin Oak Ave			_		21222		, i	USA	
BY FUN		MS DECEDENT EVER I ORCES? 1 X YES YES, GIVE WAR OR D WW I	ATES	D	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Speci	an, Puerto Rican,	ecify Yea or atc.)		ACE — American Indian, Black, White, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple		(Give	DENT'S USU	done during	TION most of working	16b. KIND	OF BUSINE	ESS/INDUSTR	
PLE	Elementary/Secondary (0-12) Coll	ege (1-4 or 5+)		klif:		erator	Bet	th -	Stee	1
2	17. FATNER'S NAME (First, Middle, Last)				1		AME (First, Middle,	Maidea Cue	nama)	
	Oscar Hicks						Snyde		neme)	
BE	19e. INFORMANT'S NAME (Type/Print)		195.8	AAH ING ADI	DRESS (Street	et end Number or Rural	Boute Number Cl	by or Town S	State Zin Code	b)
2	Linda Baker					Oak Ave				Md. 21222
	20a METHOD OF DISPOSITION 1X Suriel 2 Cremetion 3 Removal fr 4 Donetion 6 Other (Specify)	om State 201	netery, crema	DDATE OF DI story or other I	isposition	Morial	9-22			or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		11		22. NAME	AND ADDRESS OF F	ACILITY			E Dundalk
	Conthinucoll	wone	lle	V	71	10 Solle	ers Po	int	Rd.	21222
ATION	23. PART I. Enter the diseases, or complications that caused the defin. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate interval Between Onest and Desth disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in desth) LAST									
: MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 TOO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN UNCERTAIN 1 YES 2 TOO							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
IAN	25. WAS CASE REFERRED TO MEDICAL	TE TO CAOOL (		OF DEATH (						
Sic		SPITAL:	patient 3		THER:	fome 5 ☐ Reeldence	B T Other (Co.	ncify)		
PHYSICIAN:	27. MANNER OF DEATH  1 Description of Death of Dending	26e. DATE OF INJURY (Month, Day, Year)		26b. TIME O	F 28c.	INJURY AT WORK?	1	8 U Other (Specify) 28d. DEŞCRIBE NOW INJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	Y — At home	At home, ferm, street, factory, office 26f. LOCA				OCATION (Street and Number or Rural Route Number, by or Town, State)			
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN:	STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE								use(a) end menner ee stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Queller (Morith, Day, Year)  296. LICENSE NUMBER  296. DATE SIGNED (Morith, Day, Year)  297. LICENSE NUMBER  296. DATE SIGNED (Morith, Day, Year)									
-	30. NAME AND ADDRESS OF PERSON WHO COI	GLISH 32. REGISTRAR'S SIG	10	27) (Type, Pri	G1	RENE	ST B	AUTI	more	MD 21201
/	SEP 2 1 1995	Midlema	dett							





DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH				
	RUBY HOVERMALE	RUBY ALLINE H	OVERMALE	MONTH DAY		605 pu				
			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		ATHPLACE (State or Foreign				
	215-12-1937 10 M 2 MF		NTHE DAYS HOURS MIN.	(Month, Day, Year)	Co	Virginia				
	9a. FACILITY NAME (If not institution, give street and number)	16	a. CITY, TOWN OR LOCATION OF D	6-13-1	Sc. COUNTY OF					
œ .		/	1		0					
2	MERIDIAN FRANKLIN	WOODS 7	GALTI MORE	ROSSVILLE	PAL	TIMORE				
EC	10e, STATE 10b, COUNTY	10c, CiTY, T	DWN OR LOCATION			10d, INSIDE CITY				
E	MD BALTIMON		ALTIMORE	212.	21	LIMITS?				
-	10e, STREET AND NUMBER	121		0.130		1 TYES 2/1 NO				
FUNERAL DIRECTOR	425 CRISFIELD RD		2/22	0		F WHAT COUNTRY?				
5	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No. 14 R	ACE — American Indian,				
	1 Never Merried 2 Merried FQRCES? 1 IF YES, GIVE WAR	YES A NO	If yes, specify Cuban, Mexic 1 YES 2 XNO Speci	an, Puerto Rican, etc.)	Bi	ack, White, etc.				
B	3 Wildowed 4 □ Divorced	an on Lo	TES 2 (AND Speci	ry:	34	WH ITE				
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US		16b. KIND OF BUS	INESS/INDUSTRY	,				
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working tired.)		192. NO. 190. S. II I L. I					
7	6 Years	Mana	aoh	Sonkar	d Indu	stru				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Marta		AME (First, Middle, Maiden S						
	James Clarence Shiflett			Cizabeth Vi						
띪	190. INFORMANT'S NAME (Type/Print)									
2			ORESS (Street and Number or Rural			nd 21000				
	Robin Mouring		Cascade Drive	Abungaon,	muryka	nd 21009				
	20e. METHOD OF DISPOSITION  K Burlel 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF D	DISPOSITION (Name of Piece y Cemetery	DATE 200. LOC	MONALLM.	Town, State Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Total Control Total				-				
	· Johnny L. Fills		22 NAME AND ADDRESS OF FU Duda-Ruck Fu 7922 Wise Av	ieral Home	of Dund MD 2	alk, Inc.				
$\neg$	23. PART I. Egger the diseases, or complications that co	sused the death. Do not								
- 1	shock, or heart fellure. Liet only one ceuse	on each line.	enter the mode or dying, sur	on as cardiac or reapir	story arrest,	Approximate Interval Between				
	IMMEDIATE CAUSE (Final					Onset and Death				
Į	disease or condition	AGE CHRON	VIL OBSTRUCTI	VE LUNG D	ISEASE	veavs				
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Securable like the seed this seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the seed the s									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	AS A CONSEQUENCE OF):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury									
<u>=</u>	that initiated events DUE TO (QR	AS A CONSEQUENCE OF):								
E	resulting in death) LAST									
- 11										
A	PART II. Other algnificant conditions contributing to de	eth but not reaulting in t	he underlying ceuse given in	Part I. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
EDICAL				1 TYES 2		COMPLETION OF CAUSE				
						OF DEATH?				
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUS	E OF DEATH VEC	DIO D UNICEPTAL	N D		1 TYES 2 HO				
A	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH		I L						
PHYSICIAN:	EXAMINER? HOSPITAL:	0	THER							
₹S		8/Outpatient 3 DOA 4	Hursing Home 5 - Residence	6 Other (Specify)						
F F	27. MANNER OF DEATH  28a. DATE OF INJ (Month, Day, 1)		F 28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED					
À	2 Accident Investigation		M 1 YES 2 NO							
		JURY — At home, farm, stree (Specify)	t, factory, office	281, LOCATION (Street an City or Town, State)	d Number or Run	el Route Number,				
2	4 Homicide determined			City or rown, didity)						
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge death convert	t the time date and story and t	to the agree to	10001000					
ž	(Check only one)  2 MEDICAL EXAMINER: On the best of exam									
႘၂			r my opinion, seath occured at the	time, data and place, and	gue to the caus	e(s) and menner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year)				
0	Carol Kehandson		D46:	304	▶ Septe	imber 15, 1995				
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE CAPOL RICHARDSON mb	OF DEATH (ITEM 27) (Type, Prin	TO LONDE	SO IVE	-					
	CAROL RICHARDSON MD,	BALTIMAN	E ma 2123	DILIVE						
	31. DATE FILED (Month, Day, Year) 22. REGISTRARS	SALTIMOR (	- THE OIAS	, /						
	SFP 2 1 1995 SE REGISTRARIS	ion hardall								
11	DEED THOU AND A									

No.  BALTIMORE, MARYLAND 21215-0020

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SICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physician.  Certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.  d. or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	98. FACE 208 RESIE 108. ST/ MAI 108. ST/ 11. MAR 1
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. A hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  PORTIANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMED disease resulting sequential any, cause. CAUSE that infresulting PART I

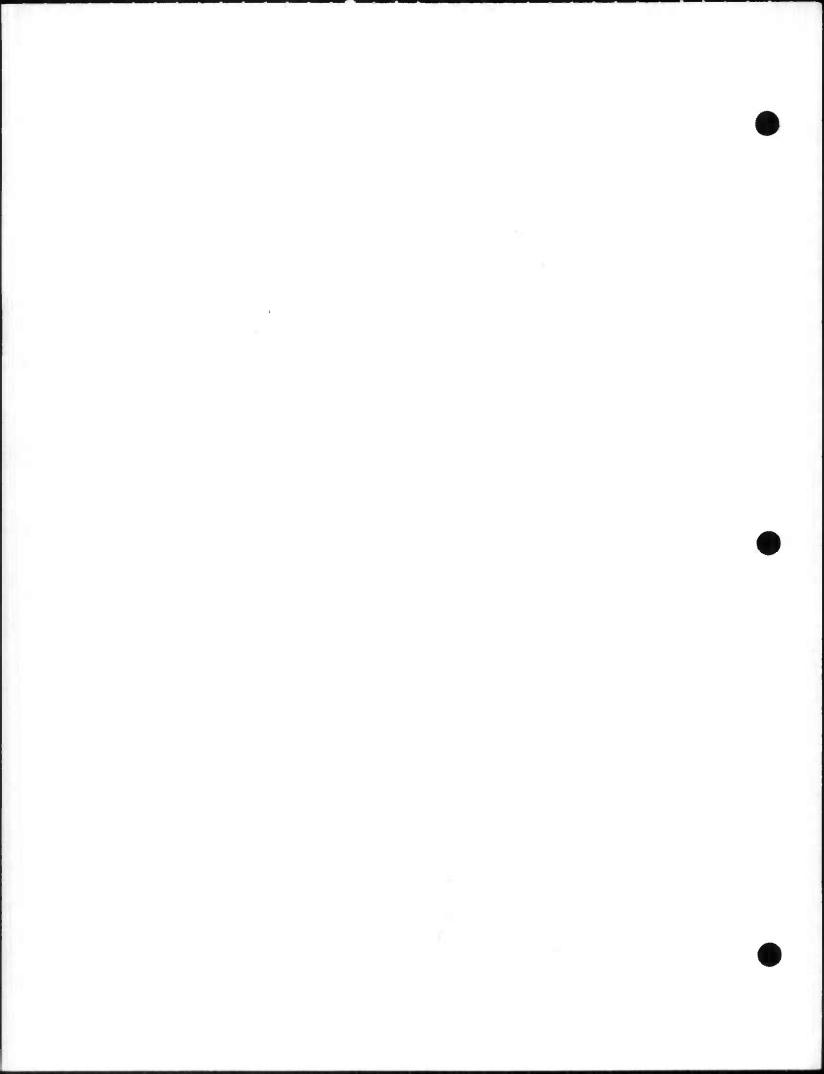
STATE OF	MARYLAND /	<b>DEPARTMENT</b>	OF HEALTH	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF DEAT	'H		DEC NO

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEP/ CERTI	ARTMENT OF I	HEALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEATN			3. TIME OF DEATH		
	THEODORE	ARCHIE	HA	ALL Sr.		Sept. 15,	1995	PAR	8:00 a m		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birthde	y) F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign		
	246-12-3780	1 € M 2 □ F	73 YRS	MONTHS DAYS	HOURS MIN.	Jan. 15,1	922	Sout	h Carolina		
	9a. FACILITY NAME (If not institution	give street and number)		96. CITY, TOWN	OR LOCATION OF D	ATN 9c. COUNTY OF DE			EATH		
HOL	208 Oakwood Ro			Dund	alk		ore				
DIRECTOR		Baltimore		CITY, TOWN OR LOCA Dundalk	TION		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
¥	10a, STREET AND NUMBER			10	I, ZIP CODE		10g. CIT	IZEN OF Y	VHAT COUNTRY?		
Ī	208 Oakwood	Rd.			21222		U.	S.A.			
BY FUNEHAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 (	EVER IN U.S. ARMED YES 2 NO IR OR DATES WILL	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No—	14. RACE Black Speci Whi			
3	15. OECEDENT	'S EDUCATION	16a. DECEDENT	T'S USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INI		LUE		
ETED	(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5+)	life On MOT	of work done during m Tuse retired.)	ost of working						
COMPL		2 yrs	Welde	er		Aeros	pace				
5	17. FATHER'S NAME (First, Middle, La				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
ш	Fred Brow	m Hali	1		Ola	E. M	ills				
2	19a. INFORMANT'S NAME (Type/Print		19b. MAILI	NG ADDRESS (Street	and Number or Rural	Route Number, City or Tow	m, State, Zip	Code)			
-	Anona Marie Ha	111	208	Oakwood	Rd. Dund	alk, Md. 2	1222				
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 🂢 Cremation 3 ☐	Ramoval Imm State	20b. PLACE AND DAT	TE OF DISPOSITION (N	ame of	OATE 20c. LO	CATION -	City or To	wn, State		
	4 Donation 5 Other (Specify	1	cemetery, crematory of Hilltop	Service	Corp.	9-16 Tow	son,	Md.			
	21. SIGNATURE OF FUNERIAL SEMI	W. L	4/	Duda-		eral Home . Dundalk,	of D		lk Inc.		
	23. PART I. Enter the disesser	s, or complications that	caused the death. De	o not enter the mo	ode of dying, suc	h ss cardiac or resp	Iratory an	reat,	Approximate		
	IMMEDIATE CAUSE (Fine)	llure. List only one caus	e on each line.		1 /		-		Interval Between Onset and Death		
	disease or condition resulting in death)	Met	a static	Pr	state	Carci	nov	ac	17 VAGUE		
	resulting in death)	DUE TO (	OR AS A CONSEQUENCE						11-7		
2		<b>6</b>							1		
2	Sequentially list conditions, if any, leading to immediate	DUE TO (	OR AS A CONSEQUENCE	OF):							
CERTIFICATION	CAUSE (Disease or Injury	۵									
	that initiated events resulting in death) LAST	OUE TO (	OR AS A CONSEQUENCE	OF):							
í		d									
ای	PART II. Other significant con	ditions contributing to d	seeth but not resultin	g in the underlyin	g ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
3						1 YES 2	8 /		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC							NO.		OF DEATH?		
	DID TOBACCO USE CO	ONTRIBUTE TO CAL	JSE OF DEATH	YES I NO I	UNCERTAIL	V IP			1 123 27 110		
3	25. WAS CASE REFERRED TO MEDIC			EATN (Check only one)	2 OTTOEKIANI	<u>, n</u>					
SICIAN	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	ne 5 Residence	6 Other (Specify)		_			
	27. MANNER OF GEATH	26a. DATE OF II		IME OF 28c, IN.	URY AT	28d. DESCRIBE NOW I	NJURY OC	CURED			
	1 Netural 5 Pending 2 Accident Investige				YES 2 NO						
	3 Suicide 6 Could n	26s. PLACE OF	INJURY — At home, ferritc. (Specify)	n, street, factory, offic	•	261. LOCATION (Street	and Number	or Rural R	loute Number,		
4	4 Nomicide datermin		ic. (opecny)			City or Town, State)					
	29e. CERTIFIER (Check only	PNYSICIAN: To the best of n	ny knowledge, death occu	irred at the time, deta	and place, and due	to the causalat and ma-	ner se et-	ed.			
									) and menner as stated,		
5	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.  29b. SIGNATURE—AND TITLE OF CERTIFIER										
	29c. SIGNAL PRO TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, pay, Veer)  90. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) Appe, Print)										
	4000 OIA	IN WHO COMPLETED CAUSE	OF DEATH (ITEM 27) A	bitte 3	506	BaHim	000	) W	10 21 208		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFICA	TE OF DEAT	ГН	REG. NO			
		1. DECEDENT'S NAME (First, Middle, Less VIOLA				1 14	ATE OF DEATH	AY Y	EAR	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER		ATE OF BIRTH		95	3 / 3 3 AN
2		214-26-6669	1 - M 2 DA	63 YRS. MONT		Brint, (A	Aonth, Day, Year)	31	Phan	-yland
3 should	œ	94. FACILITY NAME (If not institution, give	street and number)	96.	CITY, TOWN OR LOCATE	ON OF DEATH		9c. COUNTY	OF DEAT	н
3 1, 2,	CTOR	RESIDENCE OF DECEDENT	Spilai			re			'/H	
permit, Pages	DIRE	10a. STATE 10b. COUN	N/A	10c. CITY, TOV	VN OFFICIATION	0				d. INSIDE CITY LIMITS? VES 2 \( \subseteq \text{NO} \)
		10e. STREET AND NUMBER		1	101. ZIP CODI	E		10g. CITIZEN		T COUNTRY?
020 physician, burlal-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN II S ARMED T	13. WAS DECENDENT O	LO/	ICHO (Caralla Va	(	15	<u>a</u>
215-0020 attending physician. se as the burlal-trar		1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 2NO	If yes, specify Cuba	n, Maxican, Pue	rto Rican, etc.)	DF NO 14.	Black, WI	American Indian, hite, etc.
215-1 attendin	LETED BY	15. DECEDENT'S ED		16a. DECEDENT'S USUA	L OCCUPATION	1	16b. KIND OF BUS	SINESS/INDUS	TRY	ack
27 Por us		(Specify only highest grades) Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work do	one during most of workingd.)	100	16.	:41		
the hospital detached fo	COMPL	17 FATHER'S NAME (First, Middle, Last)		110	I Se	HER'S NAME (FI	rst, Middle, Maiden	Pikil		
# 8 E	BE C	Gardner Me	edum			ena	Wil	Ken	S	
retain 5 shor	5	19a. INFORMANT'S NAME (Type/Print)	Bonne	196. MAJUNO ADDE	NESS (Street and Number	or Rural Relute I	Humber, City or Town	n, State, Zip Coo	10)	DIDIR
May be		20a. METHOD OF DISPOSITION 1 Description 2 Greenation 3 Green		b. PLACE AND DATE OF DIS		151.	ATE 20c. LO	CATION - CHY	or Town,	State
a ge e		4 Donation 5 Other (Specify)		MI. Zlon	Cemeler	4 9/2	2kg L	ansdo	swn	ie Md.
ALTIN death, Pag e funeral dii e.		* ( b 100 )	41		22. NAME AND ADDRES	S OF FACILITY	ببذح	72.11		21216
after after move the move the		23. PARTA. Enter the disesses, or	complications that cause	d the death. Do not er	iter the mode of dyi	ng, such as o	n que	ratory arrest	mo	Approximate
Do Pr		IMMEDIATE CAUSE (Finel disease or condition	. List only one cause on a	each line.						Interval Batween Onset and Death
within pletely crema		resulting in death)		A CONSEQUENCE OF):	Lymph	ome				Mos.
	NO	Sequentially list conditions,	b							
sician prior traun	CATI	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS )	A CONSEQUENCE OF):						
n certifica nding phy Hygiene	RTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):						
earthearthearthearthearthearthearthearth	CEF		d							
and the	EDICAL	PART II. Other algorificant condition	ns contributing to deeth b	out not resulting in the	underlying cause g	iven in Part i	. 24s. WAS AN PERFOR		AWA	RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE
s and s	MEDI						1 TYES 2	DOMO.	OF	DEATH?
23 ept		DID TOBACCO USE CON	TRIBUTE TO CAUSE C			ERTAIN				J 100 C ()
SICIAN: The certificate he state (	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 No	HOSPITAL: 1   Inpetlant 2   ER/Outs		eck only one) 1ER: Nursing Home 5 □ Ra	elderes ATP 6	Mar (Caralla)			
PHYSICIA this certif with the	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		DESCRIBE HOW I	HOSPICE		
VOING PHYS After this death with	BY	2 Accident Investigation	28s. PLACE OF INJURY	/ — At home, farm, street,	1 123 2		OCATION (Street a	and Number or 6	Privat Private	Microbae
S affe 3	ETED	3 Suicide 6 Could not be 4 Homicide datarmined	building, atc. (Spec	clfy)			City or Town, State)	TO POSIDO OF T	io er rioute	Normosi,
4 7 Z	COMPLE		SICIAN: To the best of my know							
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If I		29b. SIONATURE AND TITLE OF CERTIFIC	ER: On the basis of examination				lete and place, and			
TO THE HOSPITA TO THE FUNERA De filed within 7.	O BE	37	2 Kmm	a	ZWC, LICE	DYOU	8	29d. DATE SIG	SNED MON	nn, Day, Year)
	5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	5810 BE BALTO	ZAIR	RO			
$\sim$		31. DATE FILED (Month, Day, Man)	- 32 SEGISTRAR'S -N	A PURE	ISMITO	MO	2120	6		
		2FLX I 1232	The summer of	767						



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

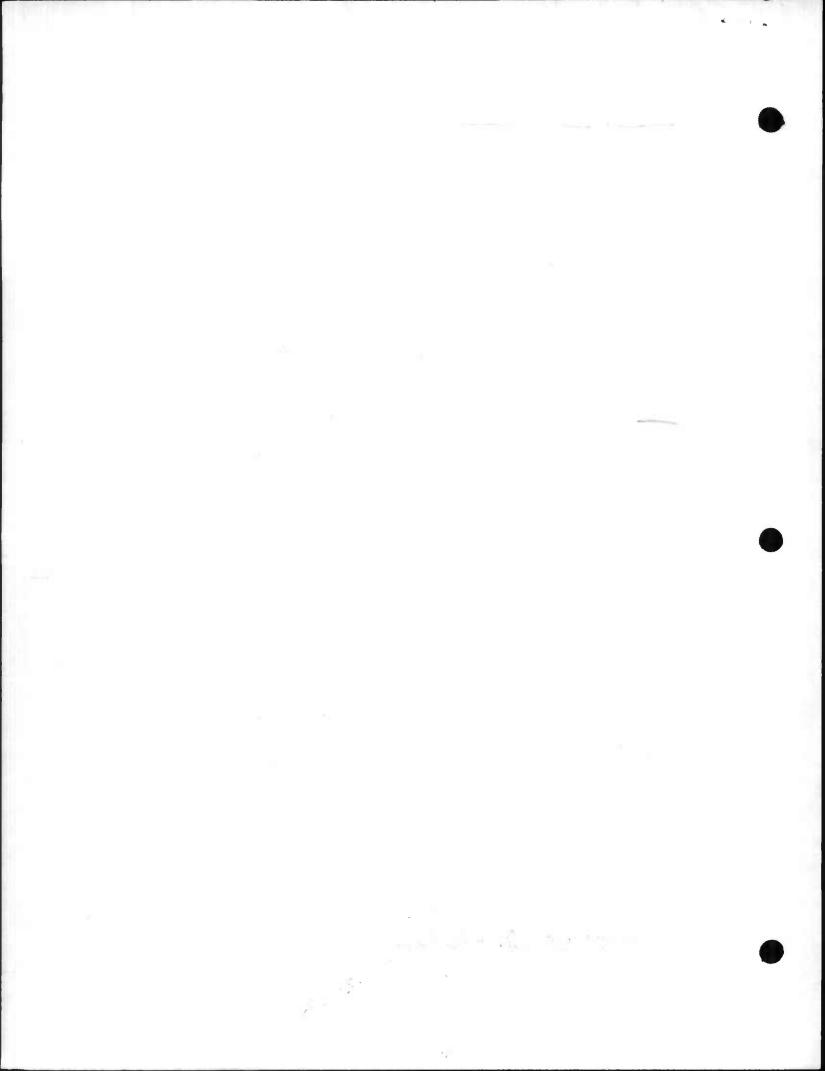
ITEMS: 8. & 20b, PER F.H. FILM G-727 9/21/95 t.t

FOR
STATE
STATE
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STATE
STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR					DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		· ·				2. D/	TE OF DEATH			3. TIME OF DEATH	
1	STEPHEN JA	CKSON					MO	NTH DA		YEAR		
	4. SOCIAL SECURITY NUMBER		8 ADP (In	T				TENREL	18	1995	17:55 P.M	
			6. AGE (In yrs. lest birthdey)	MONTHS	R 1 YEAR	IF UNDER 24 HRS.		TE OF BIRTH onth, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign	
- 5	214-38-1017	1 M 2 - F	53 YRS.		MAY 12 1942					Ма	PLACE (State or Foreign W) MARYLAND TYLEAND	
_ 1	9e. FACILITY NAME (If not institution, give a	treet end number)		9b. CITY, TOWN OR LOCATION OF DEATH				10,1		NTY OF D		
m .	SINAH HOSPITAL		TINIORE									
DIRECTOR	RESIDENCE OF DECEDENT	UF DALL	MUKE	DA	111	MORE, M	W		Ba	Tto.	City	
EC	10a. STATE 10b. COUNT	Y	10c. CI	TY, TOWN	OR LOCAT	TION					10d. INSIDE CITY	
E	Maryland Bal		- 1								LIMITS?	
		timore (	city B	alti	mor	e					1 VES 2 NO	
FUNERAL	10s. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF W	YHAT COUNTRY?	
<b>E</b>	518 Chargrove					21215			1	JSA		
5	11. MARITAL STATUS		EVER IN U.S. ARMED	13.	WAS DEC		ANIC OBI	GIN? (Specify Yes			- American Indian,	
	1 Never Married 2 Merried	FORCES? 1	YES 2 NO		If yes, sp	ecify Cuben, Mexi	cen, Puer	to Rican, atc.)	01 110—	Black	, White, etc.	
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WA	H OH DATES		1   YES	2 NO Spec	city:			Speci	ly: 1 1:	
	15. DECEDENT'S EDU	CATION	1	1							lack	
쁘	(Specify only highest grade		16e. DECEDENT'S (Give kind of	work done	during ma	ON ist of working	11	16b. KIND OF BUS	INESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	ise retired.)			- 1					
를	12	2yrs	Hous:	ing	Ins	pector		Balti	nore	e Ci	ty Housing	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							I, Middle, Maiden				
<u> </u>	William Jackso	n				- Arthur Colle		awkins				
H	19e. INFORMANT'S NAME (Type/Print)	14	400- 4147	2 400	0.40							
2								umber, City or Town				
7	Mammie Jacks	on	619	Geo	rge	Stree	t Ba	altimo:	re,	Md.		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPO	SITION (Na	me of	_ 1 Op	ALE - 1500 FOO	ATION -	City or To	wn, State Mills, Md	
	1X Buriel 2 ☐ Cremation 3 ☐ Rem-	oval from State	Garrison	other place,	res	+ Vet	Car	TIZO/Y	). Ozz-	naa	Milla Ma	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Journal	2 22	NAMEA	ID ADDRESS OF	GEI	medera	OW.	ings	mills, mo	
	311/11	_	11 M	/   "Ü	nit	y Fune	ral	Home				
- 1	2/////	0 2	Land H						D	1+0	. Md. 2120	
	23. PART i. Enter the diseases, or o	complications that	Colleged the death of	- 1	00	W. NOT	LII A	avenue	De	1110		
	shock, or heart failure.	List only one cause	a on each line.	not enter	r the mo	de or dying, su	ich aa c	ardiac or respir	atory ar	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final										Onset and Death	
	disease or condition	TNITE	ACPANIA	BI	EE	N-106	111	ANEN			70410	
H	resulting in death)	a. <u>J-14 1 1~</u>	TO ACCOUNT OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	- UL			01	MIEN			3 DAYS	
	resulting in death)  a. INTRACLANIAL BLEED - QPUTAMEN  DUE TO (OR AS A CONSEQUENCE OF):											
_	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions.	HYPE	PTENSION	DISE TO JOB AS A CONSCIUENCE OF								
TION	if any, leading to immediate	HYPE	PTENSION	F):							NHKHOMH	
CATION	if any, leading to immediate cause. Enter UNDERLYING	HYPE	PTENSION	F):							NHKHOMH	
IFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	PTENSION	F):							NHKHOMH	
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (C	PTENSION DR AS A CONSEQUENCE O	F):						-	UNKNOWN.	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	PTENSION  PRAS A CONSEQUENCE O	P): P):							UNKHOMN.	
AL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	PTENSION  PRAS A CONSEQUENCE O	P): P):	nderlying	g cause given l	n Part I.	24a. WAS AN /		24b.	UN KNOWN.  WERE AUTOPSY FINDINGS	
ICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (C	PTENSION  PRAS A CONSEQUENCE O	P): P):	nderlying	g cause given l	n Part I.	PERFORI	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
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al examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ter death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAF Certif					MENTA	REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last)	DAVID KEITH	KNICK, SR.						OF DEATH			3. TIME OF DEATH
	Havid K	Knick						Seok	inuber 2		YEAR 195	8.05 Am
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)		8. BIRTHP	LACE (State or Foreign
	212-60-8755		40 YRS.					10-	-14-195	4	,,	LAND
or	9a. FACILITY NAME (If not institution, give str		1.1	9b. CITY	r, TOWN C		ON OF DE			9c. COUNT		
ě	MORTH ARUNT	DEL HOSP	ITAL	6	en	Bu	enu	e		HUUL	F AR	LUNDEL
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION					T	IOd. INSIDE CITY
	MARYLAND	ANNE AR	UNDEL		SI	EVERN	ī					LIMITS?
AL	10e. STREET AND NUMBER				-	ZIP CODI				10g. CITIZ		IAT COUNTRY?
FUNERAL	7860 W.B.&A. ROAD	)				211	44			U.S.	Α.	
5	11, MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED						17 (Specify Yes Rican, etc.)	or No-	I4. RACE - Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES A				Specify:				Specify:	
	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL O	CCUPATIO	DN .		16b	KIND OF BUS	INESS/INDU	STRY	***************************************
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of workin	90					
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COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTH	HER'S NAM	ME (First, I	Middle, Maiden	Surname)		
BE		NICK				DOR			CYLLE		JCK	
6	19a, INFORMANT'S NAME (Type/Print)								ber, City or Town			
	SHERYL LYNN KNIC								N, MD.			
	2ps. METHOO OF DISPOSITION  1		b. PLACE AND DATE metery, cremetory or o	ther place)				9/24	20c. LOC	ATION - CI	ity or Town	n, Steta
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	ENSEE /	EPIPHANY							DENTO		
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CERTIFICATION	if any, leading to immediate		A CONSEQUENCE O									
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Ē	that initiated eventa resulting in death) LAST	DOE TO (OR AS	A CONSEQUENCE OF	-):								
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SAL	PART II. Other algnificant conditions	contributing to death	but not resulting	n tha ur	nderlying	cause g	Ivan In F	Part I.	24s. WAS AN / PERFORI			VERE AUTOPSY FINDINGS
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M						/		_			1	☐ YES 2 NO
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H	27. MANNER OF DEATH	1 Inpatient 2 ☐ ER/Out 26s. DATE OF INJURY	patient 3 DOA 26b, TIM		sing Home		sidence 6		(Specify)	ILIBY OCCU	neco.	
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BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJUR	Y — At home, farm, s	treet, fact				28f. LOC/	ATION (Street as	nd Number o	r Rural Rou	rte Number,
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7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wiedge, death occurre	d at the t	Ime, data	and place.	and due t	to the cau	se(s) and men	or so stated		
COMPLETED		t: On the basis of examination										and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				Т	29c. LICE	NSE NUME	BER		29d: DATE	SIONED (A	Fonth, Day, Year)
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	4. SOCIAL SECURITY NUMBER 247-05-8801	5. SEX 1 X XM 2 □ F		3. last birthday)	IF UNDER 1 YE		7. DATE OF	19,1911	B. BIRO	THPLACE (State or For
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	11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Wildowed 4 Divorced	12. WAS DECEDED FORCES?  IF YES, GIVE 12-18-42	NT EVER IN U.S X(X) YES 2 WAR OR DATES 2/2-27-	-46	II yes	DECENDENT OF HISPA a, specify Cuban, Maxico YES 2 NO Specifi	en, Puerto Rici		Bla	CE — American India ack, White, etc. ecity: BLACK
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YES 2   NO  office  deta end placa, and du on, death occured at like	Part I. 2.  6 Other (S 28d, DESCR 28J, LOCATI City or e to the cause e time, date an	4a. WAS AN AUTOP PERFORMED?  YES XX NO Specify)  RIBE HOW INJURY  TOWN, State)	PSY 2. OCCURED mber or Rura a stated, lo lhe cause	Approximintsrval B Onset and  4b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2   af Route Number,  e(a) and manner as a

DHMH-16 Rev 1/89

		1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I			GIENE G. NO.		
		1. DECEDENT'S NAME (First, Middle, Lest)	ANNA PAULINE LI	ENKOUS	k		2. DATE OF OE	DAY	YEAR 9 S. TH	ME OF DEATH
19		4. SOCIAL SECURITY NUMBER 230-34-4658	5. SEX 6. AGE 1 M 2 X F 63	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, 1	TH (a)	7 -	E (State or Foreign
. 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give a  NOTH ANA RESIDENCE OF DECEDENT	red and number)	tal	OL CITY, TOWN	OR LOCATION OF DI	EATH		TY OF DEATH	ndel
t. Pages 1,	DIRECTOR	100. STATE 100. COUNTY MARYLAND A	TION VILLE		INSIDE CITY LIMITS? YES 2 NO					
nsit permit.	ERAL	106. STREET AND NUMBER  75.1 COUGAR DRIVE			10	21108		10g. CITIZE	COUNTRY?	
-0020 ling physician. the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	CENDENT OF HISPAR pecify Cuban, Mexica S 2 NO Specify	n, Puerto Ricen, e	ify Yes or No— 1	Specify:	merican Indian
D 21215-0020 pital or attending physic of for use as the burial	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u		ON ost of working	16b. KINO (	OF BUSINESS/INDU	STRY	·IIII
MARYLAND 2  retained by the hospital  5 should be detached to notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) HORACE C. WHIT	N/A E	HOM	EMAKER	18. MOTNER'S NA	ME (First, Middle, A	OWN HOME	ATKINS	5
2 2 2	TO B	194. INFORMANT'S NAME (Type/Print)  JOHN M. LINKOUS				end Number or Rural i				
ALTIMORE, death. Page 6 may be funeral director, page		20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Ramo 4 Donation 6 Other (Specify)	wal from State	PLACE AND DATE	of disposition (National Disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposi	ame of RY	9/22/2	ROOKLYN	ty or Town, Sta	MD.
		21. SIGNATURE OF FUNCTIAL SERVICE LIE	(Frise)		1 SEC	ND ADDRESS OF FA OND AVENU BURNIE. I	UE, S.W.	LETON FU		
within 24 hours aft npletely filled in by cremation, or removent, the medica		23. PART I. Enter the disease, or c shock, or heart fellure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lst only one cause on e	ach line.	not enter the mo	Squamo	h ss cardiac or	reapiratory arres		Approximate interval Between Onset and Death
O. BOX 68: certificate be execute oding physician and or Hygiene prior to buria or other traumatic	CERTIFICATION									
ADS t the d nd Mer	AL	PART II. Other significant conditions	contributing to deeth b	ut not resulting	In the underlyin	g ceuse given in	PI	AS AN AUTOPSY ERFORMED?	AWAILA	AUTOPSY FINDINGS ABLE PRIOR TO
RECC v requires to been signed to of Health	4: MEDIC	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YE	S Z NO F	UNCERTAIN		ES 2 NO	OF DE	PLETION DE CAUSE EATH? YES 2 XNO
TAL The la	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA	TN (Check only one) OTHER:	ne 5 Residence		(v)		
O H sight by	ву Рну	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ			NOW INJURY OCCU	RED	
ISIC TTEND TTOR: A after d after d	ETED 8	3 Suicide 6 Could not be 4 Hornicide determined	28e, PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, offic	•	28f. LOCATION (S City or Town,	Street and Number or State)	Rural Route No	umber,
3 3 2 =	COMPL		IAN: To the best of my knowl : On the beals of examination							nanner as stated.
TO THE HOSPITA TO THE FUNERA be filed within 7	TO BE	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF NA	Juco	AD	284 LICENSE NUM	ABER 1	29d, DATE S	SIGNED (Month	8,1995
		Russell D. Del 31. DATE FILED (Month, Dey, Year)	Jea 19 16	(ITEM 27) (Type)	rain ?	Highwa	y 67	Palwr	myrd.	21061
5		SEP 2 1 1995	year armers	- Mararet						DHMN-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MAI		CERTIF	ICATE		TEALTH AND	MEN.	TAL HYGIEN REG. NO.	E	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. B.								YEAR 3. TIME OF DEATH		
	214/54/0906			44 4 6				L BIRTNPLACE (State or Foreign Country)			
~	9a. FACILITY NAME (If not institution, giv				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY					Y OF DEATH	
DT:	NORTH ARUNDE	L HOSP.			GLEN BURNIE				AA		
TO BE COMPLETED BY FUNERAL DIRECTOR	10a. STATE 10b. COUR	10c. CIT	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?				
	MD AA  10a. STREET AND NUMBER				DENTO	N		LH			1 TES 2 NO
						101	. ZIP CODE			EN OF WHAT COUNTRY?	
	1123 ODENTON ROAD  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.			e anaro			21113			A	
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Son					or No 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired,)				16b. KIND OF BUS	INESS/INDU	STRY
	12	HOM	EMAKE	R			OWN HO	OME			
	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S	NAME (Fire	st, Middle, Meiden	Surname)			
	GEORGE D				MAR	Y E.	FOR	STH			
	19a. INFORMANT'S NAME (Type/Print)								umber, City or Town		code)
	ERNEST R. LOWMAN					_		-	SADENA,		21122
	20a. METHOD OF DISPOSITION 1	moval Irom State		LACE AND DATE				1			ty or Town, State
		UCHRISE		THEIOP		_			22 101	SON,	MD
	1   Burial 213 Cremation 3   Removal Iron State   Complete, cremetory or other place)   4   Denation 5   Other (Specify)   HILLTOP SERVICE CORP. 9/22     1   SIGNATURE OF FUNERAL SERVICE ULPHSEE   22. NAME AND ADDRESS OF FACILITY   SINGLETON FUNERAL HO							L HOME,			
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR	AS A CO	ONSEQUENCE OF	1. E	,					Interval Between Onset and Daa j Welk
MEDICAL	PART II. Other algnificent condition						g cause given i	n Part I.	24s. WAS AN PERFORE	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERREDATO MEDICAL	TRIBUTE TO CAUS	_	PLACE OF DEAT			UNCERTA	IN 🗆			
	EXAMINER?	HOSPITAL:			OTHER	:					
	27. MANNER OF DEATH  1. Netural 5 Pending	28a. DATE OF INJU	JAY	26b. TIM	- 4	28c. INJ	RK7	_	PESCRIBE NOW IN	JURY OCCU	REO
ED BY	Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pend									Rural Route Number,	
COMPLETED											
29b. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF STATE (ISSUE).  2 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(issue).  2 MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the c							21		organical (Month, Day, Year)		
	DAN A SCHAR	BEEDER, N	1	30 ( )		ITA	CDMU	8,1	CENI	burn	12 MARYCA
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATU	IRE				(			7-10%

+ 4

DIVISION OF VITAL RECORDS, P.O. BOX 68760

29b. SIGNATURE AND TITLE OF CERTIFIER

BE

9

PHYSICIA!
10 THE FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 sho
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

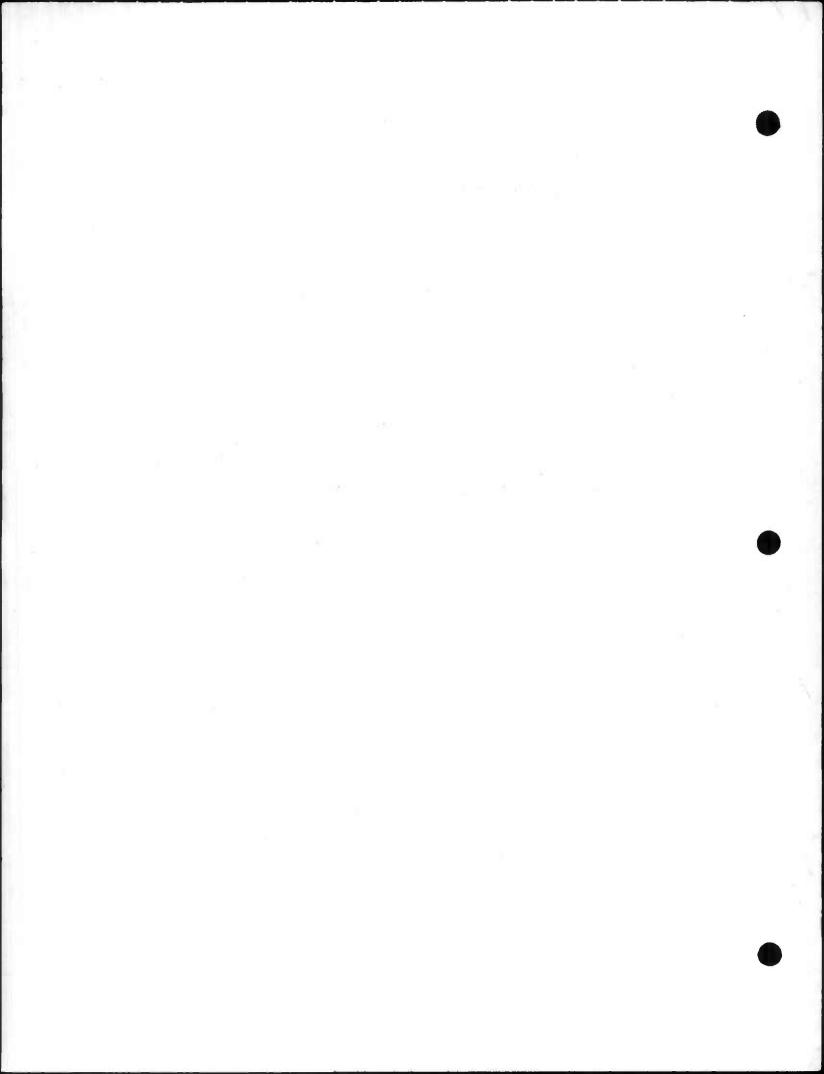
95 28428 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH SEPTEMBER 18, DELMAS LINDSAY 199 3:05P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yber) June 8,145 6. AGE (in vrs. last birthday S. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 11-0256 1 M 2 - F DAYS HOURS 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH OF DEATH 9c. COUNTA DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY C 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Ave 21 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cubs

1 YES 2 NO Blac BY Specify: Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Never-Employed A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle olsei am ara BE MANT'S NAME (Type/Print) 19h MAILING ADDRESS (St 9 NI 3210 nose Ave brod 21218 20s. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Na despery, crematory or other place) 9/22/g 20c LOCATION - City or or other place) Donation 6 Other (Specify) meter ansdowne 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF FACILITY 36 bas diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition STAPHYLOCOCCAL EPSIC resulting in death) 24 Hours DUE TO (OR AS A CONSEQUENCE OF) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION ENDOCA HOURS Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🕱 UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only o OSPITAL: OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 🗆 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 26a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, term, atreet, factory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and manner as stated.

m2891 m. unacce 18,1995 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. Moore 600 N. WOLFE MORE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE SEP2 1 1995

29c. LICENSE NUMBER

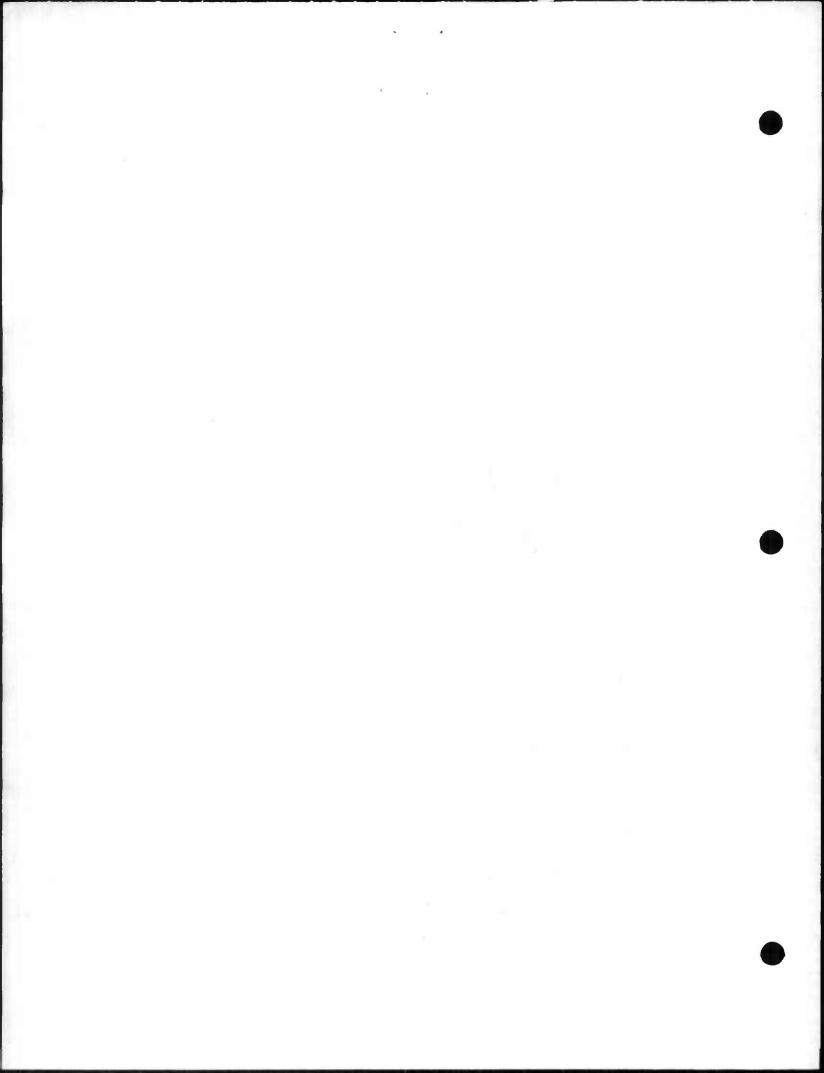
29d. DATE SIGNED (Month, Day, Year)



FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	CATE C	F DEATH	REG. NO	).			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	S. TIME OF DEATH		
		HATTLE LO					SEPTEMBER		1995 6:59 A M		
		4. SOCIAL SECURITY NUMBER 214-68-4542		(In yrs. lest birthday) 9 YRS.	MONTHS DAY		7. DATE OF BIRTH (Morth, Day, Year) 5/2/193	16	Country) Carolina		
3 should		Sa. FACILITY NAME (If not institution, give s			9b. CITY, TOV	W OR LOCATION OF D			Y OF DEATH		
~i	DIRECTOR	St. Agnes Hosp				Baltimor		Jan. 000111	N/A		
es 1,	Si l	10a, STATE 10b, COUNT	Y	10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY		
nit. Pages		Maryland	N/A		Ba1	timore		LIMITS? 1 № YES 2 NO			
if permit.	FUNERAL	10. STREET AND NUMBER	Arranua			101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY			
020 physician. burlal-transit	W	4902 Cordelia	12. WAS DECEDENT EVER II	NIIS ADMED	12 140 6	21215	NIC ORIGIN? (Specify Ye	USA			
	B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes	, specify Cuben, Mexica YES 2 M NO Specif	in, Puerto Rican, etc.)	14 or No —	4. RACE — American Indien, Black, White, atc. Specify: Black		
1215-0 r attending use as the	8	15. DECEDENT'S EDU (Specify only highest grade	16b. KIND OF BU	ISINESS/INDUS							
	COMPLET	Elementary/Secondary (0-12)	Ille. Do NOT u	1s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Laundry			te1				
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	OMF	12th 17. FATHER'S NAME (First, Middle, Last)			10 MATHEME NA	SAF (First Adjuster Advisor)	(First, Middle, Meiden Sumerne)				
YLA by the be det	C	Alex Clark					Charles	Sumeme)			
MAR retained 5 should notified	00	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre			vn, State, Zip C	ode) 21117		
	1	Otis Lewis		112 H	Enchan	ted Hill	s Rd., C	wings	21117 Mills, MD		
May pa		20e. METHOD OF DISPOSITION 1 1 Burlet 2 □ Cremetion 3 □ Rem	oval from State 20t	D. PLACE AND DATE	OF DISPOSITION	(Name of			ly or Town, State		
leath. Page 6 may be funeral director, page xaminer must be		4 Donation Other (Specify)	A	rbutus		ial Park		butus	,Maryland		
BALTIMORE, er death. Page 6 may be the funeral director, page val.		POLOTA		14				N FUN	VERAL HOME		
0 - 0		23. PART I Finer the diseases, or o			460	O LIBERT	Y HEIGHT	S AVE	ENUE 21207		
Filled in by the tion, or remove the medical		iMMEDIATE CAUSE (Final	List only one ceuse on	ach line.					Interval Between		
d within ompletely i, cremati event, tl		resulting in desth)	s. Acute ven	al fai	luce	2 right	heart for	arlure	L -		
	_	disease or condition  s. A lute venal failure & right heart failure  DUE TO (OR AS A CONSEQUÊNCE OF):  Metastatic carrinoid disease.									
X SSE	CERTIFICATION	Sequentially list conditions, If sny, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):									
m # For	ICA	cause. Enter UNDERLYING CAUSE (Disease or injury									
certificat certificat ding phy hygiene p		that Initiated events resulting in death) LAST									
S, P. death of attend tental H) tental H)	CEF		d								
D & 5 5 E	AL	PART II. Other significant condition					Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
LCOR puires that signed by Health an	EDICAL	Malnusitro	n & hypi	albumi	aem	a	1 YES 1	No	COMPLETION OF CAUSE OF DEATH?		
2 5 5 5	Σ	DID TOPACCO LICE CONTE	OIDLITE TO CALICE C	E DEATH V			_		1 TES 2 NO		
23 Pept as 12	AN	DID TOBACCO USE CONTI		26. PLACE OF DEAT			<u>и</u> П				
- F 9 2 3	SICIAN	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	Iome 5 Residence	& Cother (Specify)				
OF VI PHYSICIAN: this certifica with the Sta	РНҮ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM		INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
Z 5 5 5 2	ВУ	Natural 5 Pending 2 Accident Investigation			M 1 (	YES 2 NO					
TTENDI TTENDI TTOR: A after d	ETED	3 Suicide 8 Could not be datermined	28a. PLACE OF INJURY building, atc. (Spec	' — At home, ferm, a	atreet, factory, o	ffice	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,		
E E B B	PLE	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my know	ledge, death occum	ed at the time, o	late and place, and due	to the cause(a) and ma	nner se stated.			
HOSPITAL FUNERAL WITHIN 72 TANT: II	COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigatio	n, In my opinio	n, death occured at the	time, date and place, ar	nd due to the d	cause(a) and menner as stated.		
THE HC filed with	BE 0	296. SIGNATURE AND THELE OF CERTIFIER			-	29c. LICENSE NUM	MBER	29d. DATE S	RIGNED (Month, Day, Year)		
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: (	10	NCW THAT	M.D.			D 762	292	► SE	PT. 18, 1995		
		REEWEN C. D'SOUZ	A - KAMA TH	DEPT.	DF ME	DICINE .	ST. AGNES	HOCD	PT. 18, 1995 ITAL, BALTIMOR		
			72. REGISTRAR'S SIGN	ATURE		,	19.00	7,007	, , o to i i i o to		
		JEL 5 1 1992	John Develor	revell							



ITEMS: 23 PART I, 27, PER MEO FILM G-728 10/6/95 t.t

95 28430

ITEMS: 10b,19b, PER F.H. FILM G-727 9/21/95 t.t

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO

1		1 DECEDENT'S NAME (CITA	Adiobetta 1			OLMIII	IOAIL	U	DEATH		HEG. NO	),		
		1. DECEDENT'S NAME (First, Middle, List)  2. DATE OF DEATH  JAMES  LARRY  MONROE  2. DATE OF DEATH  SEPT. 18, 1998 5.20 D								. TIME OF DEATH				
										5:20			5:20 P. M	
				1 _ M 2 _ F		rs. last birthday) YRS.	MONTHS 1	DAYS	HOURS MI	N. (A	ATE OF BIRTH fonth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
should		217-86-3413		- 1	33	THS.				A	PRIL 19		MD	
3 sho	FUNERAL DIRECTOR				יחי				OR LOCATION O	F DEATH			TY OF DEAT	
1, 2,		6717 SECOND MORNING CT. COLUMBIA HOWARD									ω			
Pages		10a. STATE	10b. COUNT			10c. Cf	TY, TOWN OF	R LOCAT	TION			10d. INSIDE CITY		
5.		MD	WARD		COLUM	BIA			6.		1	LIMITS?		
physician. burial-transit permit.		10e. STREET AND NUMBER				101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY			
		6717 SECOND MORNING CT.							21045 U.S.A.					
	5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN FORCES?  1 YES			T EVER IN U.S				SPANIC OF	HIC ORIGIN? (Specify Yes or No- 14. RACE -			- American Indian.	
	BY	1 X Never Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced FYES, GIVE WAR OR DAT							ecify Cuban, Mexican, Puerto Rican, etc.)  2 NO Specify:			Specify: BLACK		
hospital or attending ached for use as the											DLACK			
USe USe	PLETED	(Specify only	y highest grade	completed)		(Give kind of	work done di	CUPATIO	ON ost of working		16b. KIND OF BUS	SINESS/INDL	STRY	
petal of for		College (1-4 or 5 +)			+)	NEVER WORKED					27/2			
AND he hospit detached once.	COMPL	17. FATHER'S NAME (First, M.	iddle Last)	IV/ A		145 4 5	NOIG	KED	40 MOTHER'S	NAME OF	N/A			
I IMOCKE, MAKYLAND  . Page 6 may be retained by the hospir ral director, page 5 should be detached liner must be notified at once.	E C	UNKNOWN	,,				18. MOTHER'S NAME (First, Middle, Maiden Surneme) UNKNOWN							
	18	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	AODRESS	(Street a			lumber City or True	on Chain 7in i	Code	
		THELMA M. S	MITH			671	7 SECO	CIVIC	MORNING	IS CT	lumber, City or Tow COLUME	QTA N	MD 21	204 01015
		20a. METHOD OF DISPOSITI			20b. PL	ACE AND DATE		_				CATION — C		
		1 X Burlel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		oval from State	ceKeII	GIMEMO	PRIAL	PK				NDALLS		
Pag Iner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
death death e fune		MARCH F/H-WEST 4300 WABASH AVE												
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
D o E	1	ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel  Onset and Death												
		disease or condition FATTY LIVER												
ted within completely ial, cremati		DUE TO (OR AS A CONSEQUENCE OF):												
executed and com o burial,	z	Sequentially list conditions, CHRONIC ALCOHOL ABUSE												
te be execut rsician and c prior to buris traumatic	CATION	If any, leading to immediate												
e phy		CAUSE (Disease or Injury												
ding der	ERTIFI	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
	핑		-	đ										
= 0 =	A	PART II. Other significa	nt condition	a contributing to	deeth but r	ot reauiting	in the und	eriying	g cause given	in Part i	. 24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS
) = B = 8											YES 2		CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
quires in sign if Healt	ME													YES 2 NO
SICIAN: The law requestrificate has been the State Dept. of or Item 23 sho		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
H ste H	SICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
ICIAN: tertifica the St	YSI	1 X YES 2 □ NO		1 Inpetient 2	ER/Outpatier	it 3 🗆 DOA	OTHER:	ng Hom	e 5 Residen	10a 8 🗆 C	ther (Specify)			
PHYSICIAN: this certifical with the St.	РНҮ	27. MANNER OF DEATH  1 X XNatural 5 1	Pending	28a. DATE OF (Month, D		28b. TIN	IE OF 2	Bc. INJI	URY AT	28d.	DESCRIBE HOW I	NJURY OCCU	IRED	
DING PHYS After this death with	A		nvestigation				м		ES 2 NO					
ATTENDING CTOR: After s after death	8		Could not be	28a, PLACE O building,	F INJURY — A etc. (Specify)	it home, farm,	ferm, street, factory, office 2			281, (	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
OR ATTEN DIRECTOR: hours after Item 28 is		4   Horniciae Gerenmed												
# 7 Z F		29s. CERTIFIER (Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check only Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on Check on												
HOSPITAL FUNERAL WITHIN 72 TANT: If	COM	2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
HE HE HE MAN	BE	296. SIGHATURE AND TITLE	OF CENTIFIER	1 - 0	11/	1			29c. LICENSE	NUMBER		29d. DATE	SIGNEO (M	onth, Day, Year)
TO THE HOSPIT TO THE FUNERA De filed within 7	2	la	00	ore	111	)			O.C.M	.E.		SE	PT.	19,1995
	-	10. RAME AND ADDRESS OF	PERSON WHI	COMPLETED CAUS	$\cap$									
		VITTEN	COC	FE, My	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		n St	ree	et, Ba	ltin	more, M	aryl	and	21201
		SFP211	995	Alia Mua	LECK- KEN	fall								
		OLLWI	JUJ .	4		47.8								

3. TIME OF DEATH

pm.

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

WHITE

21215

MD

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 A NO

DF DEATH?

29d. DATE SIGNED (Month, Day, Year)

Approximata

Interval Batween

Onset and Death

a. BIRTHPLACE (State or Foreign

MARYLAND

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH

М

REG. NO 2. DATE OF OEATH

18.

SEPT. 19,1906

1995

USA

UNKNOWN

SEPT

7. DATE OF BIRTH (Month, Day, Year

FOR STATE REGISTRAR

1. OECEOENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

216-03-8612

ETHEL

5. SEX

1 M 2 F

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6876	
ВОХ	
P.0.	
RDS,	
RECOR	
VITAL	
OF	
SION	
DIV	

Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 6950 MARSUE DRIVE, APT. 2-A DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 6950 MARSUE DRIVE, APT. 2-A burial-transit 21215 whem 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noil yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as the 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) H Elementary/Secondary (0-12) 5 should be detached for College (1-4 or 5+) COMPL 12 MANICURIST BEAUTY SHOP notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) JOSEPH W. FEINSTEIN SARAH REBECCA 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code 0 MRS. FRANCES GOLDSTEIN 3617 WOODVALLEY DRIVE BALTIMORE, MD 21208 page 90 20s. METNOD OF DISPOSITION

tX Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, 4 Donation 5 Other (Specify) MIKRO KODESH BETH ISRAEL 9-20-1995-BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by ahock, or heart failure. List only one ceuse on each line. 0 IMMEDIATE CAUSE (Final the disease or condition pacemeter arres Me cardior completely event, reaulting in death) Crem DUE TO (OR AS A CONSEQUENCE OF): executed burial, reparetre traumatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION and Sequentially list conditions, if any, leading to immediate prior to attending physician 8 cause. Enter UNDERLYING CAUSE (Disease or injury certificate other 1 DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 death the atten injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL of Health and N. shows any 1 - YES 2 NO tentos peen DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO 2 UNCERTAIN I PHYSICIAN: Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item 2 certificate h **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO PHYSICIAN: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Oay, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED death with t marked, 1 🙈 Netural 5 Pending М 1 YES BY Investigation 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify) DIRECTOR: Att hours after des item 28 Is n 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 80 29e. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated. FUNERAL I = mination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner ee stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 2 MEDICAL EXAMINER: On the basis of exa 296. SIGNATURE AND THE OF CERTIFIER 29c. LICENSE NUMBER BE 3 20 11 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21 CROSSROADS DRIVE, SUITE 400 EINB STONLEY JT OWINGS MILLS, MD 21117

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTHS

DAYE

HOURS

MIN.

MIRVIS

6. AGE (In yrs. last birthday

88

DHMH-16 Rev 1/89

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. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral directors
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	1 - STATE REGISTRAR	al .	CERTI	FICATE O	F DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Les ALBER	HENRY		TCHEL		SEPT	77 4	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-46-0217	2.0	GE (In yrs. lest birthde) 6 YRS.	MONTHS DAYS		Allenda Charles March		HRTNPLACE (State or Foreign Country) ARYLAND	
	9a. FACILITY NAME (If not institution, given BON SECOURS		1 1 1 1 1 1 1 1 1	OR LOCATION OF	DEATN	9c. COUNTY	OF DEATN		
FUNERAL DIRECTO	RESIDENCE OF DECEDENT								
	MARYLAND AN	10c. C	GLEN BU			10d. INSIDE CITY LIMITS? 1 YES 2			
	100. STREET AND NUMBER 7699 NANCY ROAD,	01			U.S.A.				
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yes,		PANIC ORIGIN? (Specify Ye xican, Puerto Rican, atc.) ec/ly:			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  N/A			's USUAL OCCUPY of work done during use retired.)	TION most of working	HOUSE			
	17. FATHER'S NAME (First, Middle, Last) CYRUS W. MITCHELI				SHIPLEY				
2 2	CYRUS W. MITCHELL MINNIE E. SHIPLEY  19a. INFORMANT'S NAME (TypesPrint)  MINNIE E. MITCHELL 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  7699 NANCY ROAD, APT. 101, GLEN BURNIE, MD. 210								
ERTIFICATION	I SECOND AVENUE, S.W. GLEN BURNIE, MARYLAND 21061  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other significant cognitions contributing to death but not resulting in the underlying cause given in Part I.  DENCATA OPLANIC — CONGUSIUS DISORDER  URINAY PERFORMED?  1 YES 2 NO  DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							24b. WERE AUTOPSY FIND AMRILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 7	
TED BY PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Propertient 2 ER/Outpartent 3 DOA 4 Nursing Home 8 Residence 8 Dither (Specify)								
	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Invastigation	RY 28b. '	INJURY	INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED				
	2 Accident 3 Suicide 6 Could not determined	28a. PLACE OF INJ building, atc. (	URY At home, fari Specify)	m, street, factory, c	ffica	281. LOCATION (Stree City or Town, State	ON (Street and Number or Rural Route Number, own, State)		
COMPLET	29e. CERTIFIER 1 CERTIFYING PN	IYSICIAN: To the best of my k	nowledge, death occ	used at the time		due to the cause(s) and m	enner se stated		

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT OF	HEALTH AND	MENT	AL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATH			3. TIME OF DEA	TN
		CHUAN				MON	TEMBER		YEAR	12:52	AM
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	217-24-4371 1 90. FACILITY NAME (If not institution, give stree		T M 2   F   64 YRS.   11/15/1930					BALTIMORE, MD.		1D.	
DR	VETERAN HOSPITAL	,			TIMORE	EATN		9c. COUNT		EATH	
رخ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY								_		
DIRECTOR	MARYLAND CITY		200	TIMORE	ATION					10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER  2730 W. FAIRMOUNT	AVE			21223			USA	EN OF W	HAT COUNTRY?	
N N		2. WAS DECEDENT EVER IN U.	S. ARMED	13. WAS D	ECENOENT OF HISPA	NIC ORIG	IN? (Specify Yee		4. RACE	- American Indi	len.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 (X) YES :	2 NO	If yes,	specify Cuben, Mexico ES 2 NO Specific	en, Puerto	Rican, etc.)		Black	AMERICA	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION (npleted)	Se. DECEDENT'S	USUAL OCCUPA	TION most of working	16	b. KIND OF BUS	INESS/INDU	STRY		
E	Elementary/Secondary (0-12) (0-12)	College (1-4 or 5+)	MECHANI	e retired.)			DOMINO	CHOAT	0.00		
MC	17. FATHER'S NAME (First, Middle, Last)		MECHANI	.03	18. MOTNER'S NA				1 00		
	EDWARD McCLELLAN				DAISEY		ICCLELL/				
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	t and Number or Rural	Route Nur	mber, City or Town	, State, Zip C	code)	_	
F	RACHEL E. MCCLELL		2730		RMOUNT AV						.3
	1 X Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State Coprese	RRTSON	FUREST	V.A. CEM		21/95 (	OWINGS	S MI	LL,MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS				BROTHER						
	Word M.	Tels/		1300	EUTAW PL	ACE,	BALTIN	MORE,	MD.		-4
	23. PART I. Enter the diseases, or com shoot, or heart failure. Lis	iplications that caused the	ne desth. Do n	ot enter the n	node of dying, suc	h ss ca	rdiac or reaple	ratory srrea	at,	Approxim	
IMMEDIATE CAUSE (Finel										Onset and	
	resulting in death)  s. HBOMENEL CANCER  DUE TO (OR AS A CONSEQUENCE OF):										
NO.	Sequentielly list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury									į	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF	):							
CE	d									-	
AL	PART II. Other significent conditions of	ontributing to deeth but	not resulting i	n the underly	ng ceuse given in	Pert I.	24a. WAS AN / PERFOR			WERE AUTOPSY F	
PHYSICIAN: MEDIC	17 yes a Vano						COMPLETION OF ( DF DEATH?	CAUSE			
×	DID TOBACCO USE CONTRIB	LITE TO CALISE OF	DEATH VE	C CI NO	T UNICEDTAI		_ ′			1   YES 2	NO
IAN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEAT			и Ц	<u></u>		_		_
Sic		OSPITAL: Sinpetient 2 - ER/Outpatie	ent 3 🗆 DOA	OTHER:	me 5 🗆 Residence	6 🗆 Oth	er (Specify)				$\neg \neg$
PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. II	JURY AT		SCRIBE NOW IN	JURY OCCU	RED		
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 [	YES 2 NO	NO			_		
COMPLETED	3 Suicide 8 Could not be 4 Nomicide determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
PE	29e. CERTIFIER CERTIFYING PHYSICIAL	N: To the best of my knowledg	ge, death occurre	d at the time, da	te end place, end due	to the ca	tuse(e) end men	ner ee etated	d.		
OM		On the beele of exemination en								and manner ee s	tated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				SIGNED	(Month, Day, Year)	
10 B	INACHER )A	near M	0		0504			Seri	EMSE	n 1812	25
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSÉ OF DEATH	(ITEM 27) (Type,	Print)	vy Avan	31.	#2:3	BALL	-20	ront	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SENATU	IRE		- UVOVA	u-	1	rn	10 0	01007	-
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31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

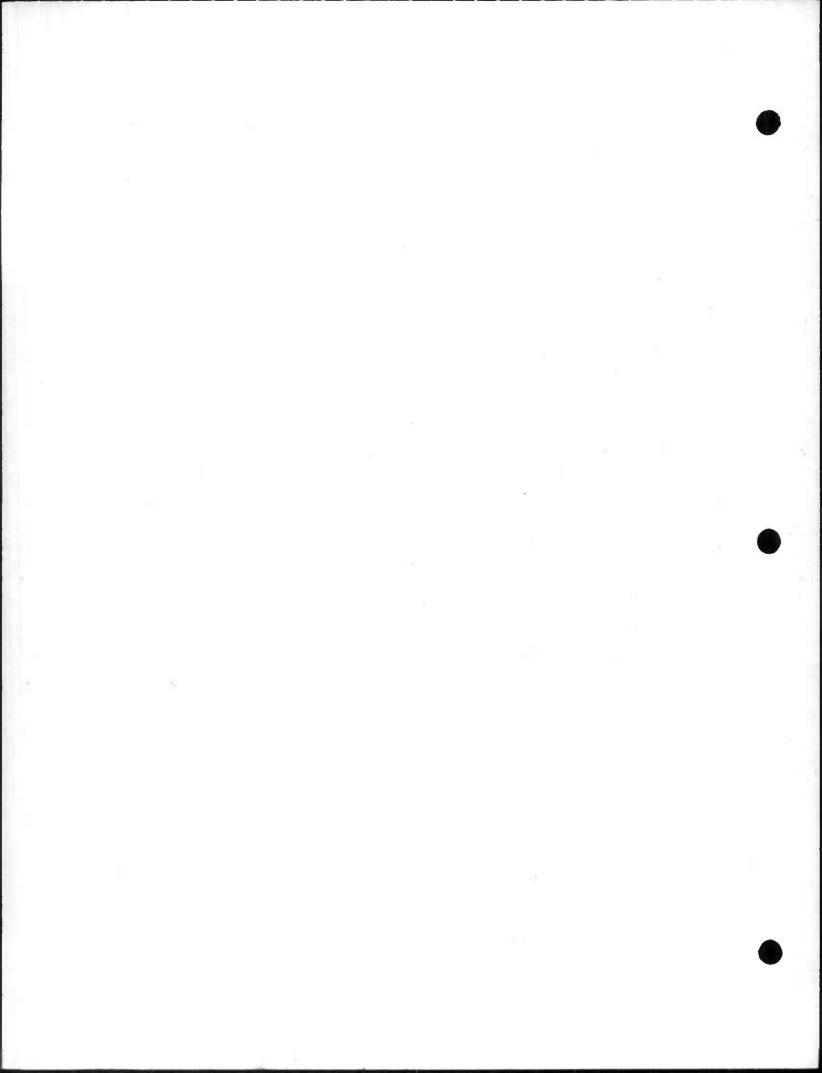
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TENDING PHYSICIAN. The law requires that the death certificate be executed withing—Thours after death. Page 6 may be retained by the hospital or attending physician.  TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages in the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remote a funeral director, page 5 should be detached for use as the burial-transit permit. Pages is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netflied at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH HELEN MCDONALD SEPTEMBER 15. 1995 1.40 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS Ment Day Year 5 250-70-1899 59 DAYS 1 - M 2 X F S.C. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR HOSPITAL CENTER DIRECTOR BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE CITY BALTIMORE 1 YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2901 S. DENHAM CIRCLE 21225 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORION? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Never Married 2 Married BY 3 Nidowed 4 Divorced AFR. AMERICAN COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spe intery/Secondary (0-12) College (1-4 or 5+) UNKNOWN UNKNOWN DOMESTIC HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES MILES ELIZA CRAWFORD BE 18s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2437 DORTON CT. BALTIMORE MD 21230 ANGELINA McDONALD 20s METHOD OF DISPOSITION
1 N Burlal 2 Cremeilon 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State MT. ZION CEM. 4 Donation 5 Dether (Specify) 9/20/95 BALTO, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE MD 21217 Emu 23 PART I. Enter the diseases, or complications friet coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart foliure. List only one sause on sach line. Approximele interval Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in desth) PERITONITIS DUE TO PERFORATED BOWEL 7 HOURS DUE TO (OR AS A CONSEQUENCE OF): ADENOCARCINOMA OVARY METASTATIC TO COLON CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING PERITONEAL CARCINOMATOSIS CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 TES 2 NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WUNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 1 YES 2 NO ntient 2 - ER/Outpetlent 3 - DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town. State) 6 Could not be COMPLETED 4 Homicide determined 29s. CERTIFIER

| CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilms, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year)

SEPTEMBER 15,
1995 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Claya 7. KoHarathil INTERN 2441614-32 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARBOUR HOSPITAL CENTER MAYA T. KOTTARATHIL 3001. S. HANGVER STREET, BALTIMORE MD-21225



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 from a first death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, large 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	BEVERLY JEAN MURE	ΉΥ				September	18,199	
	4. SOCIAL SECURITY NUMBER		-	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
	217-66-6890  9e. FACILITY NAME (If not institution, give a	1 \( \text{I M 2 \( \text{N} \) F \\ 46 \\ \text{YRS.} \\ \text{MONTHS} \\ \text{DAYB} \\ \text{HOURS} \\ \text{MIN.} \\ \text{10} \\ \frac{\text{O'/27'/1994}}{\text{8'}} \\ \text{9b. CITY, TOWN OR LOCATION OF DEATH}					B BA	LTIMORE, MD.
DIRECTOR	STELLA MARIS HO				VALLEY		BALTI	
RE	10a, STATE 10b, COUNT		10c. CITY, T	OWN OR LOCAT	TON			10d. INSIDE CITY LIMITS?
L D	MARYLAND BALT	TIMORE	BAL	TIMORE	. ZIP CODE		La	1 X YES 2 - NO
FUNERAL	_3904 NORFOLK AVE.			2.2	21216		USA	OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian, Black, White, etc.
BY I	1 Never Married 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	Ano	1 TYES	2 NO Speci	en, Puerto Ricen, etc.) ly:		FR. AMERICAN
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION 184	DECEDENT'S US			16b. KIND OF BU		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life, Do NOT use re	c done duning mo etired.)	st or working	LINUANO		
MP	12	0	UNKNOWN			UNKNO		
BE CO	17. FATHER'S NAME (First, Middle, Leist) ROBERT HARDY	SR.			ARLEN	E FELDER		
TO E	19a. INFORMANT'S NAME (Type/Print)  ARLENE HARDY					POUTS Number, City or Tow ALTIMORE, M.		
	20g. METHOD OF DISPOSITION 1 X Burlat 2 Cremetion 3 Rem		CE AND DATE OF E	DISPOSITION (No	me of	DATE 20c. LO	CATION — City of	or Town, State
	4 □ Donation 5 □ Other (Specify)  21. Signaturing OF Funerial Service UC	WES	STERN ST					E,MARYLAND
	Alra M	Til				S FUNERAL ACE RALTIM		
23. PART I. Enter the diseases, or complications there assed the death. Do not enter the mode of dying, such as cardiac or respiratory arms abook, or heart fellure. List only one cause on each line.								Approximate
	immediate cause (Final disease or condition resulting in death)	B. Auto mmu DUE TO (OR AS A CON		licie	ney Si	yndron	28 - 2	Interval Between Onset and Death
ATION	Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):							
AL O	PART II. Other algnificent condition	s contributing to death but n	ot resulting in t	he underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS
200						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M	DID TODA CCO LICE COATE							1 TES 2 NO
AN	DID TOBACCO USE CONTI		PLACE OF DEATH		UNCERTAI	N 🗆 📗		
Sici	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatien	0	THER:	• C = 1	- M	11 .	
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	286. TIME O	F 28c. INJ		6 🗓 Other (Specify) 28d. DE\$CRIBE HOW I	Hospice	
ΒY	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — A	t home, farm, stree	M 1 🗆 Y	ES 2 NO	281 LOCATION (Street	and Number or Ru	und Brude Number
ETED	3 Sulcide 4 Homicide  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined  S Could not be determined							
COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.							
TO BE C	39b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHI	aulkue	(ITEM 27) (Ivne Pri	nt)	Da5	MBER 3	29d. DATE SIGN	18, 1995
	DR. KENDALL FAULKI 31. DATE FILED (MONTH). Par. 1887 SEP 2 1 1995		NEY VALL		, TOWSON	, MD 2120	4	
	()		-					

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9c. COUNTY OF DEATN

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

United States

Specify:

14. RACE — American Indian, Black, White, atc.

18

16b. KIND OF SUSINESS/INDUSTRY

Own Home

Maryland

20c. LOCATION - City or Town, State

Middle River.

Dundalk, MD 21222

24s. WAS AN AUTOPSY

1 TES 2 NO

28d. DESCRIBE NOW INJURY OCCURED

HOSPICE

29d. DATE SIGNED (Month, Day, Year)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

21204

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

Baltimore.

DATE

June 26.

Septembe

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS

HOURS

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

218-36-9474

VADA

1. DECEDENT'S NAME (First, Middle, Last)

Ethel

NEWLIN

6. AGE (In yrs. last birthday)

YRS

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Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Stella Maris Nursing Center Towson RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland N/A Baltimore City permit. 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 4839 Right Avenue Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit 21205 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 X Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION

**Chim kined all work done during most all working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) ᆸ funeral director, page 5 should be detached for Elemantary/Secondary (0-12) College (1-4 or 5+) COMPL 8 Years Housewife Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname notified at William Robinson BE Frances Campbell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Grace Holmes 4839 Right Avenue must be i 20a. METHOD OF DISPOSITION
XIX Burlel 2 □ Cremetton 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Holly Hill Mem. Gdns. 4 ☐ Donation S ☐ Other (Specify) _ 9/21/1995 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. hours after death. okney 7922 Wise Ave. ysician and completely filled in by the prior to burial, cremation, or removal. 23. PART I. Enjer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition Cell Jamaen lames reaulting in death) traumatic event, QUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 9 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL Health and I shows any been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be Dept. ន 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate death with the State HOSPITAL OTHER: 1 YES 2 NO OR ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 🗆 Residence 8 🏋 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? Natural Acciden 1 YES 2 NO BY Investigation Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) Sulcide 69 3 COMPLETED 8 Could not be DIRECTOR: after 4 Nomicide 88 determined 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and piece, and due to the cause(e) and manner ee stated. TO THE HOSPITAL OF THE FUNERAL DE FREG WITHIN 72 ho (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 294 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 25643 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) DR. KENDALL FAULKNER 2300 DULANEY VALLEY RD., TOWSON, MD SEP 2 1 1995 32 REGISTRA

28436

3. TIME OF DEATH

BIRTHPLACE (State or Foreign Country)

10d, INSIDE CITY

1¥ YES 2 □ NO

White

Approximate

Onset and Death

3 years

24b. WERE AUTOPSY FINDINGS

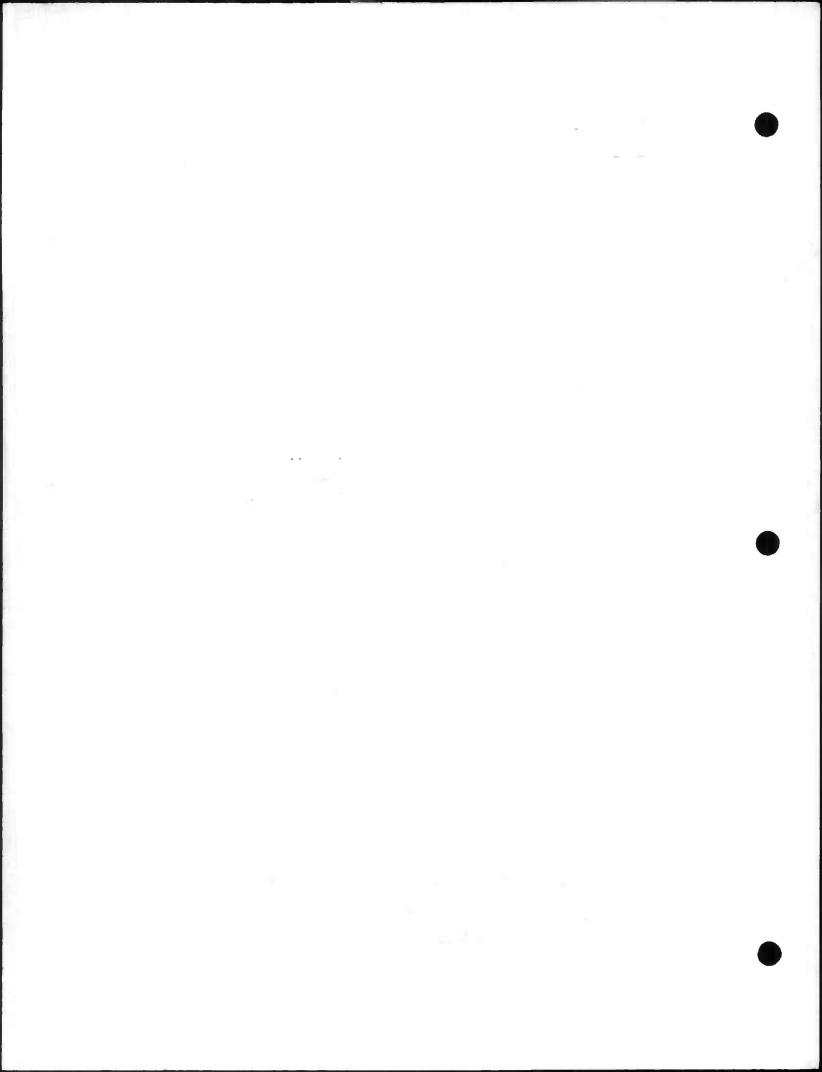
OF DEATH? 1 YES 2 NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Tennessee.

10:00 A.M

DNMN-1S Rev 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

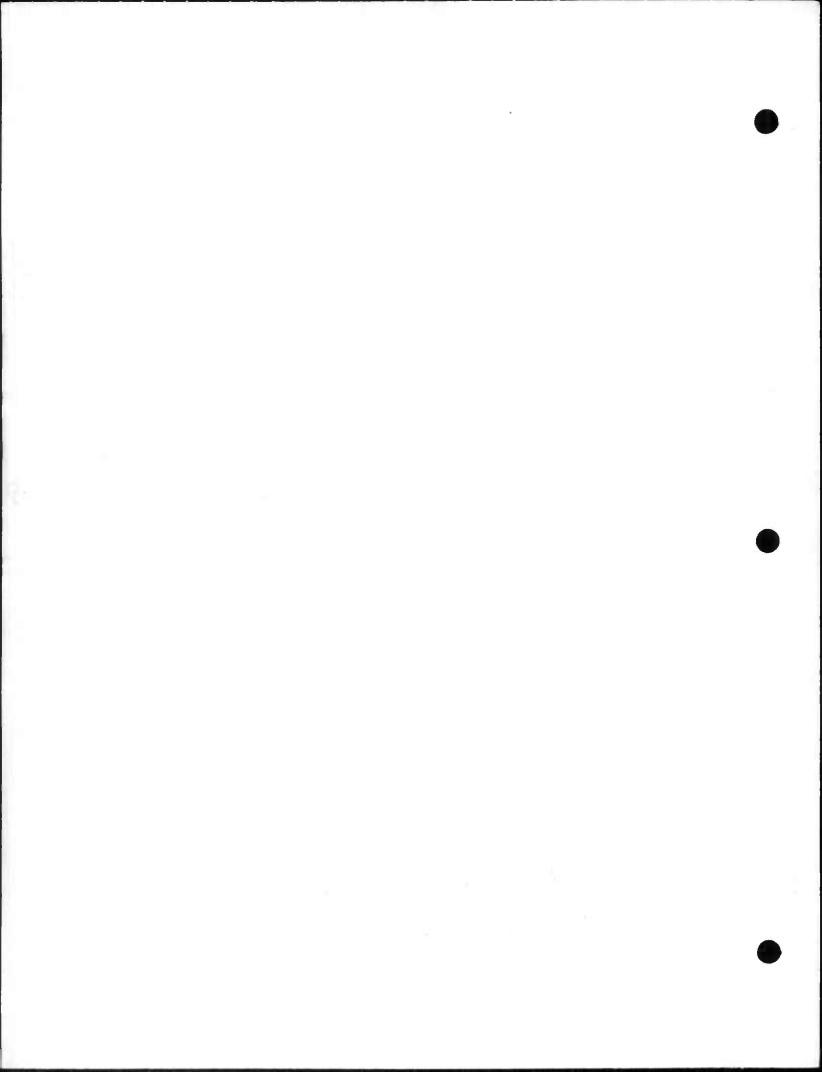
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last,				<u> </u>	2. DATE OF DEATH		1:	3. TIME OF DEATH
	JAMES FRANCIS I	ODOWSKI				Septembe	CK1	YEAR G95	6:45 AM
	4. SOCIAL SECURITY NUMBER		'in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
	213-30-5406	1 K M 2 L F 62 YRS.				June 19,	1933		y1and
œ	Se. FACILITY NAME (If not institution, give				OR LOCATION OF D	PEATH		TY OF DEA	
07.	Stella Maris Hos	pice		Balti	more		Balt:	imore	2
REC	10a. STATE 10b. COUN			Y, TOWN OR LOC	ATION			1	IOd. INSIDE CITY
FUNERAL DIRECTOR	Maryland Bal	timore	Bal	timore					YES 2 NO
RA	755 Lannerton Ro	n d		1	Of. ZIP CODE				AT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13, WAS DE	21220	NIC ORIGIN? (Specify Ye	U.S.		American Indian
BY FI	1 Never Married 2 Married	FORCES? 1 TY YES	2 NO	If yes, s	pecify Cuban, Maxic S 2 7 NO Speci	en, Puerto Ricen, etc.)	W W W	Black, Specify:	- American Indian, White, etc.
	3 Widowed 4 X Divorced				71			орчону.	White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	le completed)	16a. DECEDENT'S (Give kind of life. Do NOT us	work done during n	ION lost of working	16b. KIND OF BU	ISINESS/INDU	JSTRY	
PLE	Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A	Enterpr	,		Vario			
ON	17. FATHER'S NAME (First, Middle, Last)		Directpi	anuci	18. MOTHER'S NA	AME (First, Middle, Maider			
BE (		Podowski			Unkno	wn Was	ko		
0	19a. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Tox			
	Brian K. Marchett					Baltimore,			
	1 X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	PLACE AND DATE ( etery, crematory or o	ther place)	Carrison E	orest 9/18	Ocation — C	ity or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	VCCCICIE	22. NAME /	IND ADDRESS OF FA	ICILITY			
	· Moths C	RIF		Schi	munek Fi	ineral Hom	e of E	Bel A	ir, Inc.
$\neg$	23. PART I. Enter the diseases, or	complications that coused	the death. Do	not enter the m	ode of dying, suc	ail Road,	BET A	alr,	Md. 21014 Approximate
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	List only one ceuse on ea	ach line.						Interval Batween Onset and Death
	resulting in death)  a. Crotate Cancer								lugar
	DUE TO (OR AS A CONSEQUENCE OF):							8	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR AS A	CONSEQUENCE OF	F):					
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	£-							İ
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
Ä	remorting in death) EXST	d							
AL (	PART II. Other significent condition	ns contributing to deeth be	ut not resulting	in the underlyle	ng ceuse given in	Part I. 24a. WAS AN			ERE AUTOPSY FINDINGS
DIC						1 _ YES	rimed,	0	MAILABLE PRIOR TO OMPLETION DF CAUSE OF DEATH?
ME									YES 2 NO
AN	DID TOBACCO USE CONT		F DEATH YE		UNCERTAI	N 🗆			
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:		OTHER:	<u></u>	8 X Other (Specify)	Hosp	2100	
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN	JURY AT	8 43 Other (Specify) 28d. DESCRIBE HOW			
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		YES 2 NO				
	3 Suicide S Could not be	28a. PLACE OF INJURY building, etc. (Speci	— At home, larm, i	treet, factory, offi	ce	281. LOCATION (Street City or Town, State	and Number o	or Rural Rou	ite Number,
E									
AP.		ICIAN: To the beat of my knowle							
COMPLETED	2 MEDICAL EXAMIN	ER: On the beels of examination	and/or investigation	n, in my opinion,	death occured at the	time, data and place, as	nd due to the	cause(s) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	500.06	0110.	^	29c. LICENSE NUI	MBER	29d. DATE	SIGNED (M	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (3000	Print	10900	75		114	42
					D., TOWS	ON MD 2	21204		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE		TOWN	OH, 1111 Z	1204		
	SEP 2 1 1995	Jahr Mude	Moderal						
									DHMH-18 Rev 1/89



Page 6 may be retained by the hospital or attending physician. use as the page 5 should be detached for notified at Z must funeral director, examiner death ä à medical completely filled in by 8 the traumatic event. CIBIN hysician and com signed by the attending physician Health and Mental Hygiene prior to other 1 6 injury, any Shows this certificate has been a with the State Dept. of 23 DR ATTENDING PHYSICIAN: The Hem 9 marked, After 69 DIRECTOR after 28 hours TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II HOSPITAL

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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Pages 1, 2, 3 should

permit.

burial-transit

once.

ITEMS: 1. & 16b. PER F.H. FILM G-727 9/21/95 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 1. DECEDENT'S NAME (First, Middle, Last) YEAR 3. TIME OF DEATH Ne lorence - FLORENCE L.M. PAYNE 05154 W 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 217-12-5236 1 M 2 X F 79 Nov. 24, Maryland So. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR John Deaton Nursing Home Baltimore N/A RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore N/A 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2413 Lakeview Avenue 21217 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: Black BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade ᆸ ELSE'S Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 6th Someone Eles Home Domestic 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Henry Payne BE Elizabeth Newton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Doris Robinson 2413 Lakeview Avenue/Baltimore, MD 21217 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE | Kiturial 2 | Cremation og s Dather (Sp Luke Cemetery 9 - 21Reisterstown, MD NCE LICE 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME EAST 1101 E. NORTH AVENUE/BALTIMORE, MD 21202 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ END-STAGE RONAL DISEASE resulting in death) DUE TO (OR AS A CONSEDUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS RESSURE AMAILABLE PRIOR TO VICERS COMPLETION OF CAUSE 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) 1 YES 2 ND OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 ND 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) nd/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

> RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ALL mo 32 REGISTRAR'S SIGNATURE alia Davolson Rarball

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

SEPTEMBER 18,1595

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3. TIME OF DEATH

REG. NO. 2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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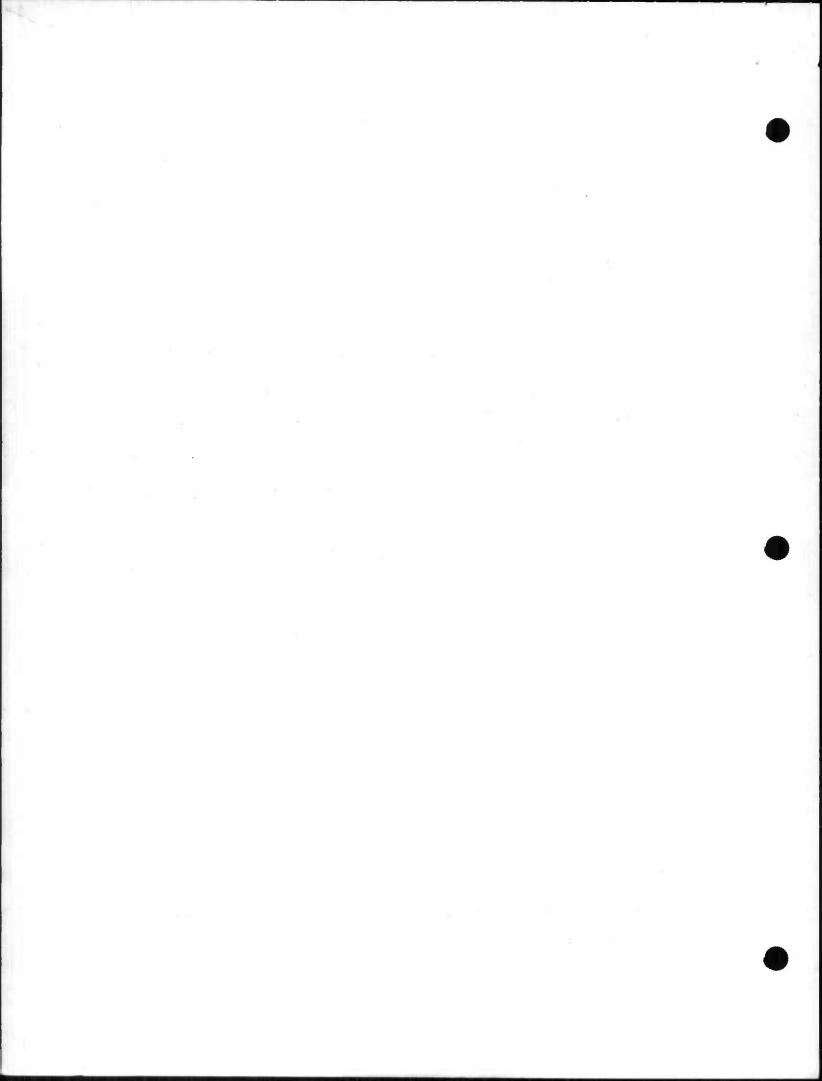
SEPTEMBER 17,1995 **ESTHER** PORTER 1:05 P M 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Ybar) Aug. 13, 5. SEX 8. AGE (In yrs. last birthday) 8. BtRTHPLACE (State or Foreign Country) 217-091008 DAYS HOURS 1 M 2 X F MIN. 77 1918 Maryland the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 859 McAleer Court Baltimore N/A 10b. COUNTY 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION Maryland N/A Baltimore 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 859 McAleer Court 21202 U.S.A. witim 24 hours after death. Page 6 may be retained by the hospital or attending physician. pletely filled in by the funeral director, page 5 should be detached for use as the burial-trar 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify BY 3 X Widowed 4 ☐ Divorced Black 60 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Ē Elementary/Secondary (0-12) College (1-4 or 5 +) 9th COMPL Factory Worker Textile Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maider Sumame) notified at Thomas Coates Henretta Trusty 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Audrey Garrett 314 E. 21st Street/Baltimore, MD 21218 be 200. METHOD OF DISPOSITION 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 N Buriel 2 Cremation 3 4 Donation 5 1 Other (Specify) 3 Removal from State King Memorial Park 9/22 Randallstown, MD examiner 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME EAST L aus n by the fu 1101 E. NORTH AVENUE/BALTIMORE, MD 21202 23. PART I. Enter the diseases, or complication, that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. medical in by Approximata Intarval Between 6 Onset and Death IMMEDIATE CAUSE (Final the disease or condition cremation. a. Non small cell lung cancer
Due to (or as a consequence of) 10 months event. resulting in death) burial. executed traumatic CERTIFICATION and Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): 2 the attending physician I Mental Hygiene prior to 2 cause. Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST 10 PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL theen signed by the pt. of Health and N any Hypotensian 1 YES 2 NO shows a him insulin departent chichetes 1 YES 2 KNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN this certificate has be with the State Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28h TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. INJURY 1 Natural 5 Pending м 1 YES 2 NO BY Investigation After death 2 Accident 26s. PLACE OF INJURY -- At home, farm, atreet, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide 28 tem DR 29s. CERTIFIER (Check only one)

One)

MEDICAL EXAMINES On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9/19/95 AND MAPIND Chinical Oncology Fellow and MAPIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typl. Print) 046331 2 ancology Center Rm 126 : Johns Heplisia 600 Nowelfe St. Bolhman MO 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month Day, Year) DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 



YEAR 95

3. TIME OF DEATH

10d, INSIDE CITY

14. RACE - American Indian, Black, White, atc.

1 YES 2 X NO

Black

21801

Approximate Interval Batween Onset and Death

48 hours

months

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TES 2 NO

q

PM

6:30

8. BIRTHPLACE (State or Foreign Country)

Craven, NC

N/A

USA

Specify:

after death. Page 6 may be retained by the hospital or attending physician, MARYLAND 21215-0020 BALTIMORE,

permit. Pages 1, 2, 3 should

use as the burial-transit

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funeral director,

filled in by the medicai DIRECTOR

FUNERAL

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PHYSICIAN: MEDICAL CERTIFICATION

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the cleath certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rer	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
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DIVISION OF VITAL RECORDS, P.O. BOA 80/00	×	III III	C	We
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Jefferson 9 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Dey, Year) 2/17/1929 5, SF1 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 246-40-5998 DAYS 1X M 2 | F 66 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH **Baltimore** VA Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE SALISBURY MARYLAND WICOMICO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21801 1814 THOMAS LANE 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11, MARITAL STATUS 1 Never Married 2 1 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION
(Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) **Building** Carpenter 10th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elberta Moore Jefferson Pugh, Sr. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 1814 Thomas Lane, Salisbury, MD Lillian Ruth James Pugh 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Pugh Cemetery # 2 9/22 Grifton, N. Carolina 21. SIGNATURE OF SUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART / Eyer the diseases, or complications that cheed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF) resulting in death) Gastril Carcinon Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1000 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER?

27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending М 1 YES 2 NO 2 Accident
3 Suicide Investigation 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 1 CERTIFYINO PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the ceuse(a) and manner as stated.

OTHER:

(Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 295. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

4 - Nursing Home 6 - Residence 6 - Other (Specify)

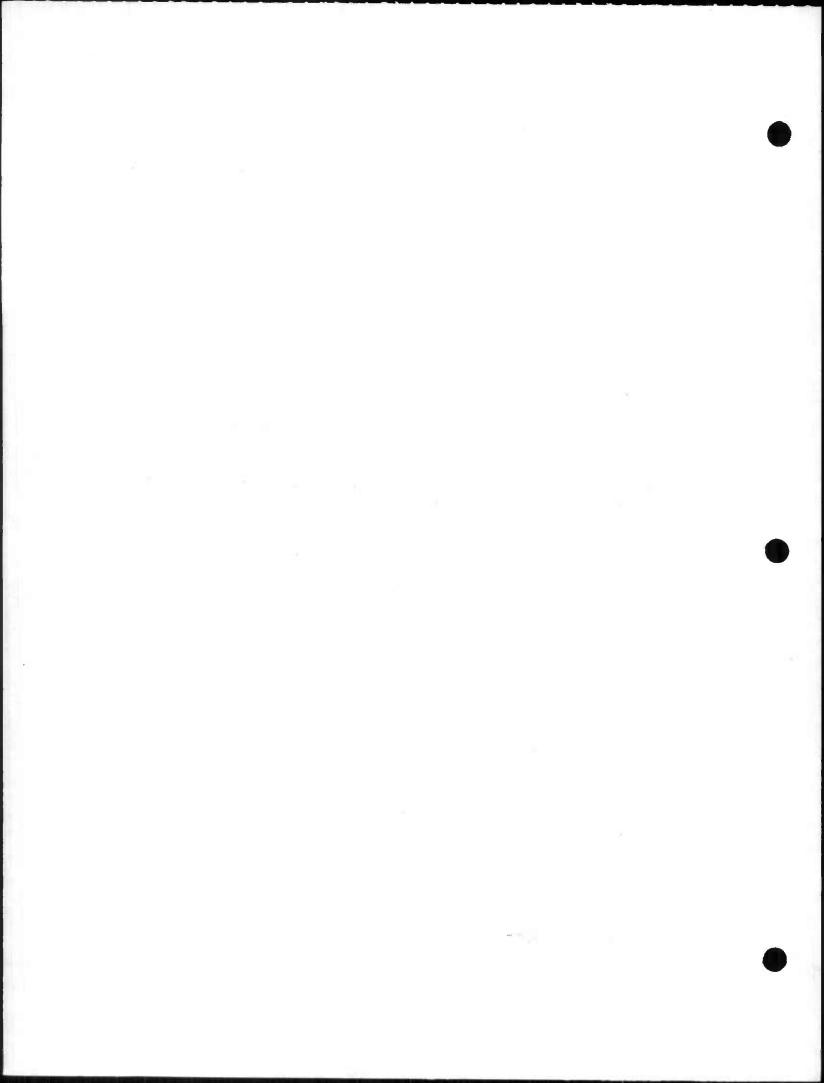
M.R. 0848

8, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Pr	rint)			·	
Deborah Som,	M.D.	10 North	Greene	St.	Baltimore	Maryland	2120



Inpetient 2 - ER/Outpetient 3 - DOA

95



2	TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the 5 state bept. of Health and Mental Hygines prior to burial, cremation, or removal. If them 28 its marked, or item 28 shows any hillory, or other traumatic event, the medical examines must be marked at once.

										98	2	8441
	1 - STATE REGISTRAR	STATE OF N					EALTH A		NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH	AY	YEAR	. TIME OF DEATH
	Mary Ann	Pui	can						ept 20		995	9:40 A M
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. las	st birthday)	IF UNDE	R 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign	
	215-14-0645	1 🗌 M 2 🔀 F	75	YRS. WONTHS DAYS HOUNS SHIM:						110		
	9s. FACILITY NAME (If not institution, give		9b. CITY, TOWN OR LOCATION OF DEA					l	9c. COU	NTY OF DE	sylvania wm	
9	Rappolla Str		Baltimore							N2	A	
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	· ·		I as arm			P 100					
DIRECTOR	Maryland	NA				OR LOCAT						0d. INSIDE CITY
	10e. STREET AND NUMBER	- NA		De	11 61		ZIP CODE					YES 2 NO
A.	Rappolla Stree	o+ 603				107.	212	2.4		10g. CITI	U.S.	AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	E EVER IN II O A	21450								
	1 Never Married 2 Married	FORCES? 1	YES 2X		13.	If yes, spe	city Cuben,	Maxican, P	ORIGIN? (Specify Yeuerto Rican, atc.)	s or No—	14. RACE - Black,	- American Indian, White, atc.
B	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 P-NO	Specify:		ı	Specify:	White
8	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16b, KIND OF BU	SINESS/INC	HISTRY	WILLE
E .	(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5 +	(G life	live kind of w i. Do NOT us	vork done e retired.)	during mos	st of working		111120 2200		27 1001	
AP.	12	NA		Cler	ck				St	eel	Beth	nlehem
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	R'S NAME (	First, Middle, Maiden	Sumame)		
BE (	George		N	lagy			Flo	oren	ce		Gro	ssos
0	19a. INFORMANT'S NAME (Type/Print)		.19	b. MAILING	ADDRES	S (Street at	nd Number or	Aural Aoute	Number, City or Tow	m, State, Zip	Code)	
-	Theodore 1	Puican		Rapp	0011	a S	treet	t 60	3 Balto	)., N	1d. 2	21224
	20a. METHOD OF DISPOSITION  1 T Burlel 2 Cremation 3 Ran	noval from State	20b. PLACE	AND DATE C	F DISPOS	SITION (Na	ne of		DATE 20c. LO	CATION -	City or Town	, State
	4 Donation 6 Other (Specify)		Sacr	ed I	lear	t J	esus	Sep	t. 23	Dund	lalk.	Maryland
1	21. BIGNATURE OF FUNERAL SERVICE LI	CENSEE	T	- 11	22	NAME AN	a Drov	OF FACILITY	) Chojna	cki	F.H.	P.A.
	Mash (	1 (1	ome	JK.								d. 21224
	23. PART I. Enfer the diseases, or	complications that	callised the de	eath. Do n	ot enter	the mod	de of dying	, auch as	cardiac or reap	iratory arr	eat,	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	on each line					_				interval Between Onset and Death
	disesse or condition resulting in desth)			7	elec	elesta	- 6	Noce	A Carre	2		37 un
	Totaling in dooring	OUE TO	OR AS A CONSE	OUENCE OF	):							1
Z	Sequentielly list conditions,	b										
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	OUE TO	OR AS A CONSE	OUENCE OF	):							
길	CAUSE (Disease or Injury	C	OR AS A CONSE									
Ē	that initiated events resulting in death) LAST	DOE TO	OH AS A CONSE	QUENCE OF	·):							ì
CE		d										
	PART II. Other aignificent condition	na contributing to	deeth but not r	resulting i	n the ur	nderlylng	ceuse give	en in Pari				ERE AUTOPSY FINDINGS
MEDICAL									PERFOR		C	MAILABLE PRIOR TO OMPLETION OF CAUSE
필									1 1 123 2	Mino		F DEATH?
	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	s 🖂 I	NO W	UNCER	TAIN [				
Y	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEAT							1	
SIC	1 TES 2 NO	HOSPITAL: 1   inpatient 2	ER/Outpatient 3	□ DOA	OTHE!		5. Resid	lence 6 🗆	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIME	OF	28c. INJL	IRY AT		I. DESCRIBE HOW I	NJURY OCC	CURED	
ВУ	III 1 I/N Natural 5   Panding F											
0	3 Suicide 6 Could not be	28a. PLACE Of building.	INJURY — At ho	me, ferm, s	treet, fact	lory, office		261	LOCATION (Street I City or Town, State)	and Number	or Rural Rou	te Number,
									Sign in in in it is a second			
TE	4 Homicide determined											
<b>1</b>	4 Homicide determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurre	d at the t	lme, data	and place, an	nd due to th	ne cause(s) and mar	ner aa stst	ed.	
<b>1</b>	4 Homicide determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of exercises of ax										nd manner as stated,
COMPLET	4 Homicide determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ER: On the basis of ax						at the time	, data and place, an	d due to th	e cause(s) s	
<b>1</b>	4  Homicide determined  29a. CERTIFIER (Check only one)  1  CERTIFYING PHYS 2  MEDICAL EXAMINE	ER: On the basis of ax					ath occured	at the time	, data and place, an	d due to th	e cause(s) s	nd manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

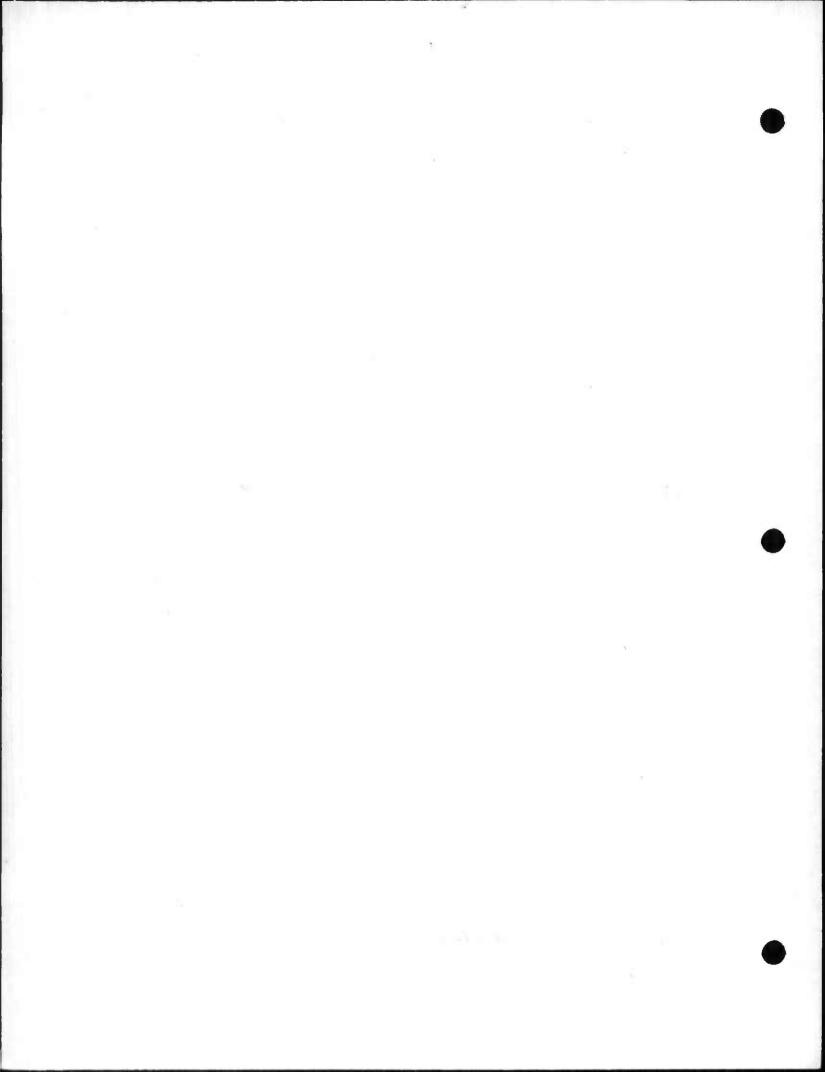
Michael Purtell M.D. Johns Hopkins Bayview

31. DATE FILED (Month, Day 1941)

SEP 2 1 1995

21224

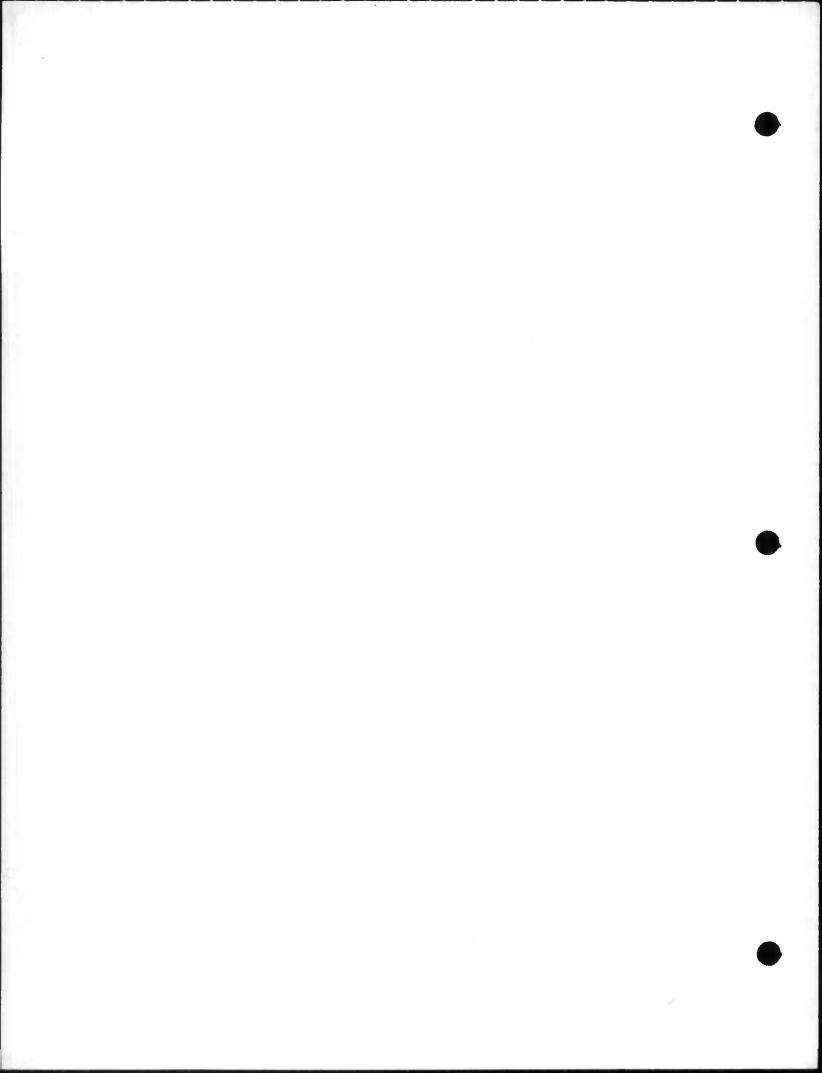
4940 Eastern Ave. Baltimore, Maryland



d by the hospital or attending physician.	
th. Page 6 may be retain	
nere hours after dea	
be executed with	
e death certificate	
w requires that th	
HYSICIAN: The la	
DR ATTENDING !	
	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,

		1 - FOR STATE DF MARYLAND / DEPARTMENT DF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Li	est)				2. DATE OF OEATH		3. TIME OF DEATH		
		ELLEN BEATH	RICE REIGLE					5 199	5 6Pm		
		4. SOCIAL SECURITY NUMBER		M.	FUNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
2		215-18-0803  8a. FACILITY NAME (If not institution, gi	1  M 2  X F   88	YRS.			May 15,19		Maryland		
	стов	Stella Maris Hospice at Mercy Hospital Baltimore  Stella Maris Hospice at Mercy Hospital Baltimore  Residence of Decement									
	EG	10a. STATE 10b. COL			TOWN OR LOCAT				10d. INSIDE CITY		
	DIRE	Maryland Bal	timore City	Ba	ltimor	9			LIMITS?		
	ERAL	100. STREET AND NUMBER 3171 Keswick R	oad			. ZIP CODE 21211			of what country?		
	FUNE	11. MARITAL STATUS	12. WAS DECEOENT EVER I				IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No- 14.	RACE — American Indian, Black, Whita, atc.		
	BY	1 Never Married 2 Married  3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES X		2 NO Specify			Specify:		
	9	15. DECEDENT'S I	EDUCATION	16a. DECEDENT'S US			16b, KIND OF BU	SINESS/INDUST	White		
		(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use i	_	st of working					
ಠ	COMPLET	11		Homema	ker		Own H	ome			
at once.		17. FATHER'S NAME (First, Middle, Last)				-01 SP11011	ME (First, Middle, Maiden	100			
	B	Charles Lewis 19a. INFORMANT'S NAME (Type/Print)			200500 101		Blanche M. Route Number, City or Tow				
be notified	٩	Beatrice Reigle		3171	Keswic	ck Road	Baltimore	, Mary]	land 21211		
must b		20a. METHOD OF DISPOSITION    Burlal 2   Cramation 3   F    Donation 6   Other (Specify)	lamoval from Stata Cen	netery, crematory or othe	r place)			CATION — City			
T Tel		21. SIGNATURE OF JUNERAL SERVICE		Parkwood C		Z D ADDRESS OF FA	19/181_Ba_ ciuty	ltimore	e,Maryland		
or removal. medical examiner		· Sum	Burger	Henss			Funeral Ho				
or removal medical		23. PART I. Entay the diseases,	or complications that cause re. List only one cause on a	d the death. Do not	enter the mo	de of dying, suci	h as cardiac or resp	iratory arrest,	Approximate		
the m	1	IMMEDIATE CAUSE (Final	•						Interval Between Onset and Death		
cremation, vent, the		disease or condition resulting in death)	4.	static	Cole	n (2:	ncer		5 grs.		
ial, cr			DUE TO (OR AS A	A CONSEQUENCE OF):							
Mental Hygiene prior to burial, crema jury, or other traumatic event,	CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
prior trau	CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
Hygiene or other	E	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
y, or	CER		d								
2 E	A	PART II. Other algnificant condi	tiona contributing to death b	out not reaulting in	tha underlyin	g cause given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
Dept. of Health ar 23 shows any	EDIC						1 YES :		COMPLETION OF CAUSE OF DEATH?		
shows	Σ	DID TODA 400 1107 400							1 - YES 2 - NO		
Dept.	AN	DID TOBACCO USE COI 25. WAS CASE REFERRED TO MEDICA		26. PLACE OF OEATH		UNCERTAIN	N L I				
State	PHYSICI	EXAMINER?  1  YES 2/ NO	HOSPITAL: 1   Inputlant 2   ER/Out	- 0	THER:						
e de	H	27. MANNER OF DEATH	26s. OATE OF INJURY	26b. TIME (	OF 26c, INJ	URY AT	6 Other (Specify) 7	OSPICE INJURY OCCUR			
marked	ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? (ES 2 NO					
after death with 28 is marked	B	3 Suicide 6 Could not 4 Homicide determined	be 25e. PLACE OF INJURY	— At home, farm, stre	et, factory, offic		26f. LOCATION (Street City or Town, State)		Rural Route Number,		
hours Item	PLET	29a. CERTIFIER CERTIFYING BA	IVEICIAN. To the food of								
2 =	COMP		IYSICIAN: To the best of my know IINER: On the basis of axamination						nuse(s) and manner as stated.		
APORTANT:	BE	29b. SIGNATURE AND TITLE OF CERTIFICATION	FIER	ns,		29c. LICENSE NUM	ABER	29d. DATE SIG	GNED (Month, Day, Year)		
2 2	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	200		THE RD	/			
		31. DATE FILED (Month, Day Year)	32#REGISTRAR'S SIGN	IATURE	34	470, M	0 212	06			
		SEP 2 1 1995	In a devolución de	lath.							



Approximate Interval Batween Onset and Death 5 Y CL

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

4:30 PM

		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	AY	WE	3. TIME OF DEATH
		Clinton Paulson	Stephens, Sr	r.						mber 19		1995	4:30 P
		4. SOCIAL SECURITY NUMBER	4.24	(In yrs. les		ONTHS DA	$\rightarrow$	IF UNDER 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or Foreign
9		078-14-4519	1 🗶 M 2 🗆 F	75	YRS.	OWITHS	AVS I	HOURS MIN.		er 13.	1919		York
3 should		9a. FACILITY NAME (If not institution, give s			9	b. CITY, TO	WN OR	LOCATION OF	DEATH		9c. COU	NTY OF D	
2	E	1706 Killington	Road			Towso	n				Bal	timo	re
	딦	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	γ		10c CITY	TOWN OR L	OCATIO	N.					
020 physician. burial-transit permit. Pages 1,	DIRECTOR	Maryland Balti	more		1	owson							10d, INSIDE CITY LIMITS?  1 YES 2 NO
The T	FUNERAL	1706 Killington	Dood					ZIP CODE					WHAT COUNTRY?
an. transi	N.	11. MARITAL STATUS						.204				ted :	States
9 g g	B≺	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 X VES  IF YES, GIVE WAR OR I  WW II; Kor	T EVER IN U.S. ARMED     X YES 2				en, Puerto F	? (Specify Yes lican, atc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc.  White	
215 attend	ED	15. DECEDENT'S EDUI (Specify only highest grade	CATION	16a, DE	CEDENT'S US	SUAL OCCU	PATION	1	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
ID 2121 spital or atter	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use i	·				Bankin	aking		
AND the hospit detached	ő	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N					
MARYLAND retained by the hospit 5 should be detached	111	Walter	Stephens					Maude			auls		
MAR retained 5 should	2	Patricia A. Stepl	hens					on Road					
BALTIMORE, or death. Page 6 may be the funeral director, page val.		20a. METHOD OF DISPOSITION			ND DATE OF				1 LOV	son,	CATION -	_	
		1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State Co	metary, crei	matory or other	r place)			9/2				
Page dire		Greenmount Crematory 9/20 Baltimore, Maryland  21. SIGNATURE OF FUNERAL SERVICE LICINST  Witchell—Wiedefeld Home, Inc.											raryland
S, P.O. BOX 68760 BALTIN death certificate be executed within 24 hours after death. Pag attending physician and completely filled in by the funeral dis ental Hygiene prior to burial, cremation, or removal.  ry, or other traumatic event, the medical examiner		> Steven T. E	allo					ell-Wied					1212
	ERTIFICATION	IMMEDIATE CAUSE (Finel	DUE TO (OR AS  OUE TO (OR AS  OUE TO (OR AS	A CONSEC	DUENCE OF):	GON D	00	MUN DOWN	ONA	· LU	Na	-11	Approximate Interval Batwee Onset and Des 5 Y CLS
		PART il. Other eignificant condition	s contributing to death	but not n	euiting in	the under	ivina c	Couse alven in	Part I	24a. WAS AN	Almoney	245	. WERE AUTOPSY FINDING
ECORD: quires that the n signed by th Health and M	EDICAL	COPD					.,			PERFOR	IMED?		AMILABLE PRIOR TO COMPLETION DE CAUSE
ECOR quires that n signed by t Health an	MED	ASCUD								1 TYES 2	Tho		OF DEATH?
W 5 5 5 4		DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	OF DEA	TH YES	Пио		UNCERTAL	N D				TO YES 2 DENO
SICIAN: The law certificate has b h the State Dept.		25. WAS CASE REFERRED TO MEDICAL		_	E OF DEATH								
VITA AN: The	SIC	t VES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out	tpatient 3		THER:	Home	5 X Residence	6 Other	(Specify)			
11 오 중 하 "		27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)		26b. TIME C	OF 28c	. INJUR	RY AT		CRIBE HOW II	NJURY OC	CURED	
NG PHYS frer this carth with	BY	Netural 5 Pending Investigation	(110111)		iii on		YES						
ISIC TTENDI TTOR: A after d	8	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Spe	Y — At hor	ne, ferm, stre	et, tactory,	office		28f. LOCA City of	TION (Street a w Town, State)	and Number	or Rural R	loute Number,
DIV OR A DIREC	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	wledge, des	nth occurred	at the time,	dete an	nd place, and du	e to the cau	se(a) and man	mer as stat	ed.	
HOSPITAL FUNERAL within 72	OMI	one) 2 MEDICAL EXAMINE	R: On the basis of examination	on and/or to	nvestigation,	In my opinio	on, dear	th occured at the	e ilme, deta	and place, and	d dua to th	e cause(s	) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 MPORTANT: II	ŭ	29b. SIGNATURE AND TITLE OF CERTIFIER	- 1/	1	-		_	29c. LICENSE NU					(Month, Day, Year)
TO THE DE filed MPOR		Viol	DOD!	W	7 ~	3		D 28812					20, 1995
FFA	임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF DE	EATH (ITEN	1 27) (Type, Pr	int)						·p··	20, 1777
11		Vincent A. DiBetr	o, M.D.	78	01 Yo	rk Ro	ad	Towson	n, MD	21204	i .		

32. REGISTRAR'S SIGNATURE his Studente

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. OATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

.

3. TIME OF DEATN

5:07 P

10d. INSIDE CITY

1 X YES 2 NO

8. BIRTNPLACE (State or Foreign

Germany

N/A

U. S. A.

Specify:

14. RACE — American Indian, Black, White, etc.

White

use as the burial-transit permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

BE COMPLETED

2

MEDICAL CERTIFICATION

BY PHYSICIAN:

COMPLETED

2

2 Accident

3 Suicide

4 Homicide

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cate	SPACE	e D	-
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leat	atte	ma	2
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH September 18, 1995 Clara H. Schoeffield 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Aug. 24, 1 🗌 M 2 👿 F 214-38-2144 93 YRS 1902 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Meridian Hamilton Baltimore RESIDENCE OF DECEDENT 10a STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION Maryland N/A Baltimore 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 515 N. Luzerne Avenue 21205 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, atc.)
t YES 2 NO Specify: 1 Never Married 2 Married 3 🕅 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) 4th Grade College (1-4 or 5+) Homemaker Own Home. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname, Julius Napierski Mary Anne Poitrowski 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William Schoeffield (Son) 3211 Wisteria Avenue, Baltimore, Maryland 21214 20a, METHOD OF DISPOSITION
1 | Burisl 2 | Cremstion 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Most Holy Redeemer 9/21/95 Baltimore. Maryland Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 23. PART | Enter the dissases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) (OR AS A CONSEQUENCE OF) kr a Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a, WAS AN AUTOPSY PERFORMED? 1 TYES 2 TEM

28d. DESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

Approximats
Interval Between

Onset and Death

YES NO W UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH

DID TODALCO COL COTT	MIDDIE TO CAOSE OF DEA			140	OTTCLICIAL	· —			
WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check only one)								
	HOSPITAL: 1   Inputient 2   ER/Outputient 3	□ DOA	OTHE	rsing Home	5 - Reeldence	8 Other (Specify)			
MANNER OF TEATH	28a, DATE OF INJURY	28b. TIM	F OF	28c INJUS	RY AT	28d DESCRIBE H			

PLACE OF INJURY — building, etc. (Specify)

(Month, Day, Year, 1 E Natural 5 Pending

WORK? 1 YES farm, atreet, factory, office

2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(a) and manner as atted. (Check only one)

2 MEDICAL EXAMINER:	On the begin of examination end/or invest	tigation, in my opinion, d	leath occured at the time, date and place, ar	nd due to the couse(e) end menner as stated.
THE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER	29d, DATE SIGNED (Morely Day, Weer)

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30	NAME AND	ADDRESS	OF PERSON	WHO, C	OMPLETED	CAUSE	OF	DEATH	(ITEM	27)	(Туре,	Print)

JU. NAME AND ADDRESS OF PERSON WH	O, COMPLETED CAUSE OF DEATH (ITEM 2	(Type, Print)	4	0.1	7 7	
Patricia Dis	haroon MD	341454.	Paul St.	Balt	MD 3	112/0
31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNATURE		1			

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<b>BALTIMORE, MARYLAND 21215-0020</b>	I certificate be executed writhing hours after death. Page 6 may be retained by the hospital or attending physici	nding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial
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1 TES 2 NO

27. MANNER OF DEATH

1 Natural

2 Accident 3 Suicide

4 / Homicide

DIVISION OF VITAL RECORDS,

Pages 1, 2, 3 should

95 28445 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH BONTH 77

7. DATE OF BIRTH (Morth, Day, Year)
MAR. 20,1939 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN George 345 della 100-4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 213-36-1962 56 t KXM 2 F DAYS HOURS MIN. VRS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Howard County General Columbia Howard RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY 10d. INSIDE CITY Maryland Howard Columbia 1 YES 2 X NO 10s. STREET AND NUMBER FUNERAL tor, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6303 Red Haven Road 21045 U.S.A. 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried t TYES 2 NO BY Specify: Specify: 3 Widowed 4 X Divorced Black COMPLETED tea. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Lab Tech. Supervisor Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) George Thomas Selby BE Anna Winder 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gina Selby 840 Park Avenue Apt. 2A/Baltimore, MD 21201 20e. METHOD OF DISPOSITION
1 (X) Muriel 2 Cremeton 2 | Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State y, crematory or other BUTUS MEMORIAL 4. Donation 5 ( Other (Specify) 9-22 PARK ARBUTUS. MARYLAND NETURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH FUNERAL HOME EAST 1101 E. North Avenue/Baltimore, MD 21202 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition etwontic lung carren YL resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algolificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? MEDICAL 24a. WAS AN AUTOPSY Preumonia PERFORMED? histly myocardial intarction 1 - YES 2 NO

t YES 2 NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES  ${\Bbb Z}$  NO  ${\Bbb Q}$  UNCERTAIN  ${\Bbb Q}$ 25. WAS CASE REFERRED TO MEDICAL

26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA

4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED

5 Pending Investigation М 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

(Check only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

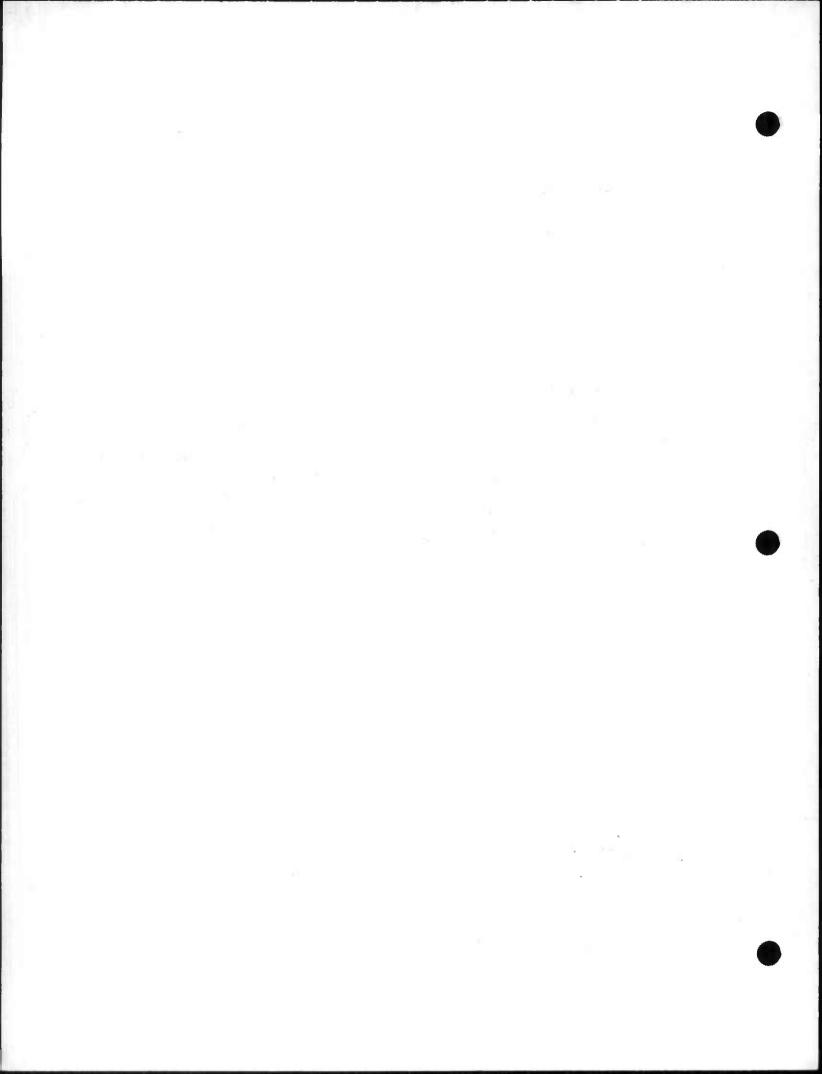
2 MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(s) and manner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Um 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) any Moore

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32 REGISTRAR'S SIGNATURE

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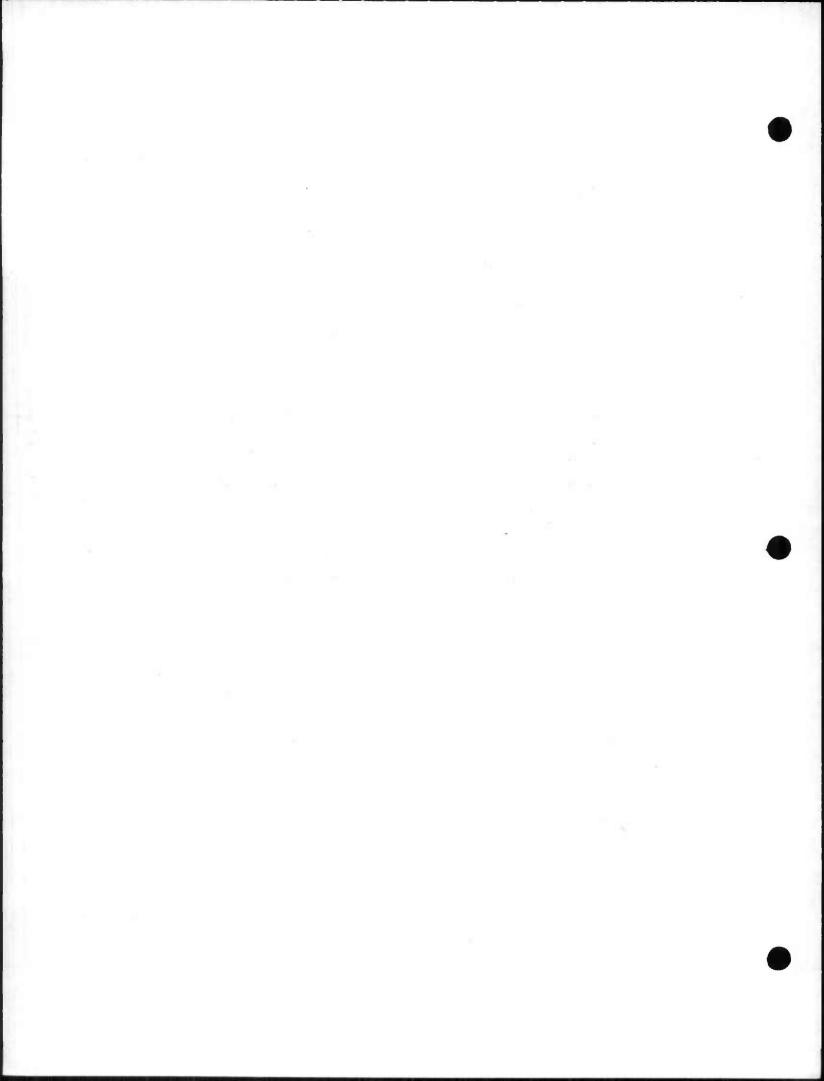
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THE HOSPITAL OR ALT	RAL	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner n
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH SEPT. 19,1995 REBA SILVER 9:22am A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) MAY 18, 1900 6. AGE (In yrs. last birthday IF UNDER 1 YEAR DAYS HOURS 160-14-8505 1 M 2 XF 95 MARYLAND 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF GEATH DIRECTOR 6503 PARK HEIGHTS AVE, APT. 2-B BALTIMORE N/A 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1 X YES 2 NO MARYLAND BALTIMORE FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6503 PARK HEIGHTS AVE, APT. 21215 USA 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced Specify: BY WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) SECRETARY CITY OF BALTIMORE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHARLES SUSAN SWAIN BE HYMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, mailure auditess (street and Number or Rural Route Number, City or Town, Stete, Zip Code)
6109 BENHURST ROAD BALTIMORE, MD 21209 2 MRS. RUTH BAKAL 20a METHOD OF DISPOSITION
1 X Buriet 2 Cremation
4 Donation 5 Other (Spe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 3 Ramoval from State (Specify) 9-20-1995 RETH TEILOH BALTIMORE, MD 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE 21215 MD s, or complications that caused the death. Do not entar the mode of dying, auch as cerdiec or respiratory arrest, Approximata Interval Between shock. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition reaulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO I UNCERTAIN M PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending Investigation 1 YES ВУ 2 Accident 28s. PLACE OF INJURY — Ai home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death 29d. DATE SIGNED (Morth, Day, Year) BE

MO ETED CAUSE OF DEATH (ITEM 27) (Type, Print) BALTO., MD 21208 32. REGISTRAR'S SIGNATURE



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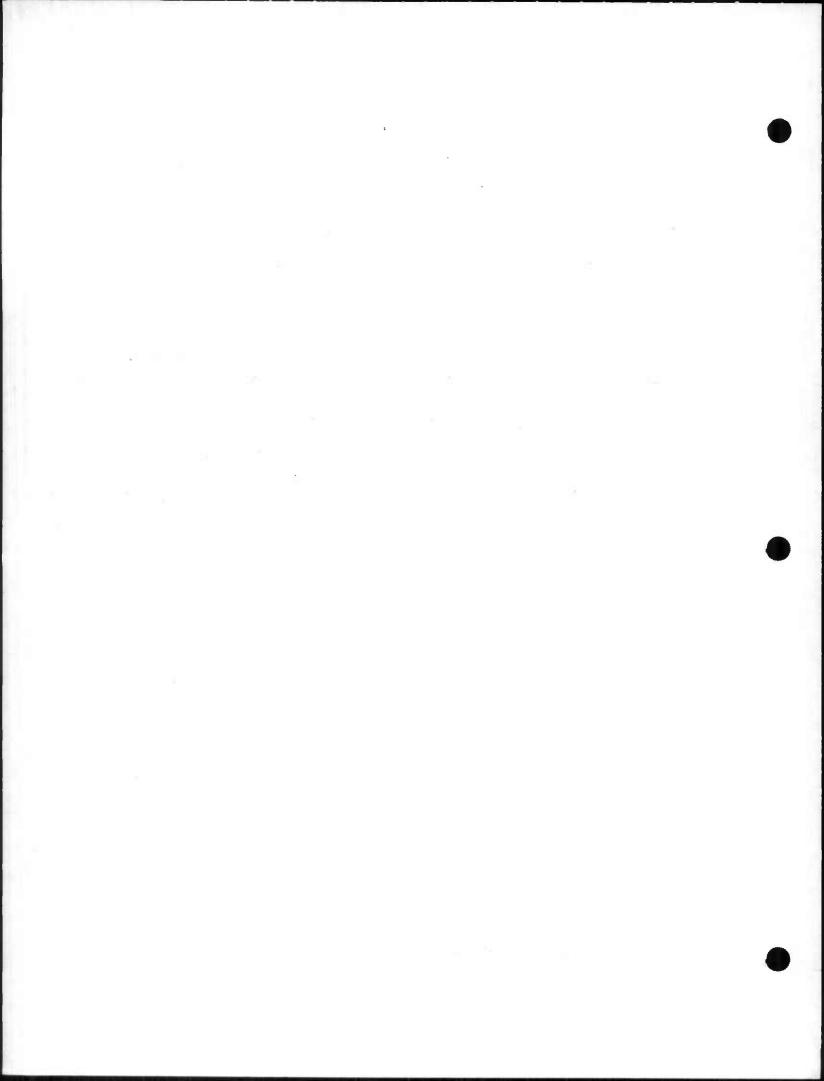
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND	MENTAL HYGIENE
CE	RTIFICATE O	F DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAI	L HYGIEN			
	DECEDENT'S NAME (First, Middle, Lest)     ROSE	E		MELLOW		MONTE	OF DEATH	AY YE	3.	7:26pm M
	207-20-5904	1 M 2 K F	(In yrs. lest birtnday) 97 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH h, Day, Year) G. 2,1	.898 P	Country) ENNS	ACE (State or Foreign
TOR	96. FACILITY NAME (If not institution, give street MERIDIAN BRIGHTWOOD RESIDENCE OF DECEDENT		IOME		LANDVILL			9c. COUNTY BAL	OF DEAT	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND N/A		10c. CITY	Y, TOWN OR LOCAT						d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 2500 W. BELVEDERE A	AVE, APT. 11	.02	101	2121	5			OF WHA	T COUNTRY?
В		12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	IN U.S. ARMED	If yes, sp	ENDENT OF HISPAN ecify Cuban, Maxica 2 X NO Specify	NIC ORIGIN			RACE — Black, W Specify:	American Indian, mita, atc.  THITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us		DN st of working	16b.		SINESS/INDUST	TRY	
	17. FATHER'S NAME (First, Middle, Lest) SAMUEL		SECRET		18. MOTHER'S NA	ME (First, I		SURANC Surname)		NOWN
TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural I				de)	
	MRS. CAREN MERITT  Do. METHOD OF DISPOSITION  Burlel 2 Cremetion 3 & Ramova  4 Donastion 8 Other (Specify)	al trom State 20°	Db. PLACE AND DATE Of the story, crematory or of the SONTEFIORE	OF DISPOSITION (Na ther place)		DAT	E 20c. LO	21208 CATION — City LADELP		
	21. SIGNATURE OF FUNERAL SERVICE LICEN  GUIDANI		HOM	SOL L	D ADDRESS OF FA EVINSON REISTERS	& BRO	OS., I	NC.		
	23. PART I. Enter the diseases, or con ahock, or heart feliure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that couse st only one couse on e	each line.				flac or reapl	ratory arreat		Approximate interval Batween Onset and Death
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PHYSICIAN: MEDICAL CE	PART II. Other significent conditions of High Fracture Break Can	ne	but not resulting i	in the underlyin	g ceuse given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	RMED?	CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
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ВУ РН	1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	INJ	M 1	URY AT ORK? YES 2 NO	28d. DE:	SCRIBE HOW I	NJURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, s scify)	street, tactory, offic	a		CATION (Street of Town, State)	and Number or I	Rurel Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER:								ause(a) ar	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Vsaer	my	)	29c. LICENSE NUI	MBER	t	29d. DATE SI	GNED (M	Torith, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO C	- 1		Sceltun	ue 2120	38	AI	a4 1	tall	= uus
	31. DATE FILED (Month, Day, Year) SEP 2 1 1995	32. REGISTRAR'S SIG	NATURE							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

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medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN. MEDICAL CEPTIEICATION

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			ERTIFICATE					DEO.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGII			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
	LiLLIAn.	Trovat	~			Seftembe	DAY	YEAR 995	3,300 "
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1		ACE (State or Foreign
	216-20-3881 Sa. FACILITY HAME (If not institution, give str	1 M 2 F	69 YRS.	ONTHS DAYS	HOURS MIN.	June 2nd	26	8. BIRTHPL. Country)	<del>USA</del>
Œ	ER Fallston General H		1.		ston	EATH		rford	гн
5	RESIDENCE OF DECEDENT	copacia		- Lai	BULL		LE	LIOLU	
DIRECTOR	10s. STATE 10b. COUNTY			TOWN OR LOCAT				10	d. IHSIDE CITY
- 1	MD Har	Ford 8ALTIMO	RE	Kingsvil	le			1	LIMITS?
A	10e. STREET AND HUMBER			101	ZIP CODE		10g. CITIZ	EH OF WHA	T COUNTRY?
FUNERAL	12001 Brookknoll Dri	ve		}	21087		US	Α	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify	Yes or No-	14. RACE	American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	Z A INO	1 YES		in, Puerto Rican, etc.) y:		Specify:	filts, etc.
	Χ			1					White
COMPLEIED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S US (Give kind of work	k doge during ma	N It of working	16b. KIHD OF	BUSINESS/INDU	JSTRY	
ا ۲	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use il			0			
Ē	17. FATHER'S NAME (First, Middle, Lest)	1	Tomeno	ikel			1 Home		
- 1	John Bebnowski					ME (First, Middle, Maid			
n n	19s. IHFORMAHT'S HAME (Type/Print)				Franc		ubinsk		
2	Terri Trovato-Sza	mshi Idahtel				Route Number, City or			
						e, Kingsı			
	20e METHOD OF DISPOSITION 1 \( \times \) Burisi 2 \( \times \) Cremation 3 \( \times \) Remove	ral from State 20b.1	PLACE AND DATE OF I	place)	ne of	1	LOCATION C		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUHERAL SERVICE LICE		oky Kosw	ly ceme	tery	9/21 Bo	utumor	e, Ma	ryland
	Note that the service dice	Δ. Λ Λ		Schim	iner Fun	eral Home	s. Inc		
	JUNEA 1X HO	warry, I		9/05	selair k	a., Balti	more.	MD 2	1236
	23. PART i. Enter the diseases, or co	mplications that caused	the death. Do not	enter the mo	le of dying, suc	h as cardiac or re-	apiratory arre	at,	Approximata
	IMMEDIATE CAUSE (Final	ist only one couse of wa	on line.						Onset and Death
	disease or condition resulting in death)	Acute Corona	ny Antony D	isaasa					
		DUE TO (OR AS A	ONSEQUENCE OF)	rocape					
	Sequentially list conditions,	ASCVD							
	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
3	CAUSE (Disease or injury	DUE TO (OD AS A							
	that initiated events resulting in death) LAST	DUE TO (OH AS A (	CONSEQUENCE OF):						
	d.								
١	PART ii. Other aignificent conditione	contributing to death bu	t not resulting in t	he underlying	cause given in	Part i. 24s. WAS	AH AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
3		Congestive H	eart Failum	٩		PERF	2 KHO	CO	MPLETION OF CAUSE
		Ischaemic Va					2 Optio		DEATH?
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAI	v []			YES 2 HO
3	25. WAS CASE REFERRED TO MEDICAL		B. PLACE OF DEATH (		OT TOLICITY	, , ,			
		HOSPITAL: 1 ☐ Inpatient 2 1∑ ER/Outpat		THER:	5 □ Residence	6 Other (Specify)			
	27. MAHHER OF DEATH	28s. DATE OF INJURY	28b. TIME O	F 28c, IHJU		28d. DESCRIBE HON	V IHJURY OCCI	IRED	
	1 Hetural 5 Pending	(Month, Day, Year)	IHJUR N	A	IK? ES 2 💢 HO		NA		
1	2 Accident investigation 3 Suicide 6 Could not be	28e, PLACE OF INJURY -	- At home, farm, atre-		Af	28f. LOCATION (Street		or Rural Bouts	Number
	4 Homicide detarmined	building, etc. (Specify	NA.			City or Town, Ste	te)	, , , , , , , , , , , , , , , , , , , ,	Trustadi,
	29e. CERTIFIER 1 CERTIFYING PHYSICI	AM: To the heat of our to out			ST 0-1-0		NA.		
	(Check only one)  2   W MEDICAL EXAMINER:	AH: To the best of my knowled On the besis of examination:	oge, asem occurred a	The time, data	and place, and due	to the cause(s) and n	nenner ss stated	d.	
3			- investigation, i	it my opinion, a			end due to the	cause(s) an	d manner as stated.
	296. SIGHATURE AND TITLE OF CERTIFIE	1			29c. LICENSE NUI	IBER	29d, DATE	SIGNED (Mo	inth, Day, Year)
	30 HAME AND ADDRESS OF BEREAU MAIO	COMPLETED COURT	<u> DME</u>		D21809		9-	17-199	5
	30. HAME AND ADDRESS OF PERSON WHO				10 070 (5	c./.			
	G.S. Prabhu M.D. 1810 B	13 ASSISTED TO THE TOTAL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	LUSUII I'D.	2104/ 2	TO-0\2-00	04			
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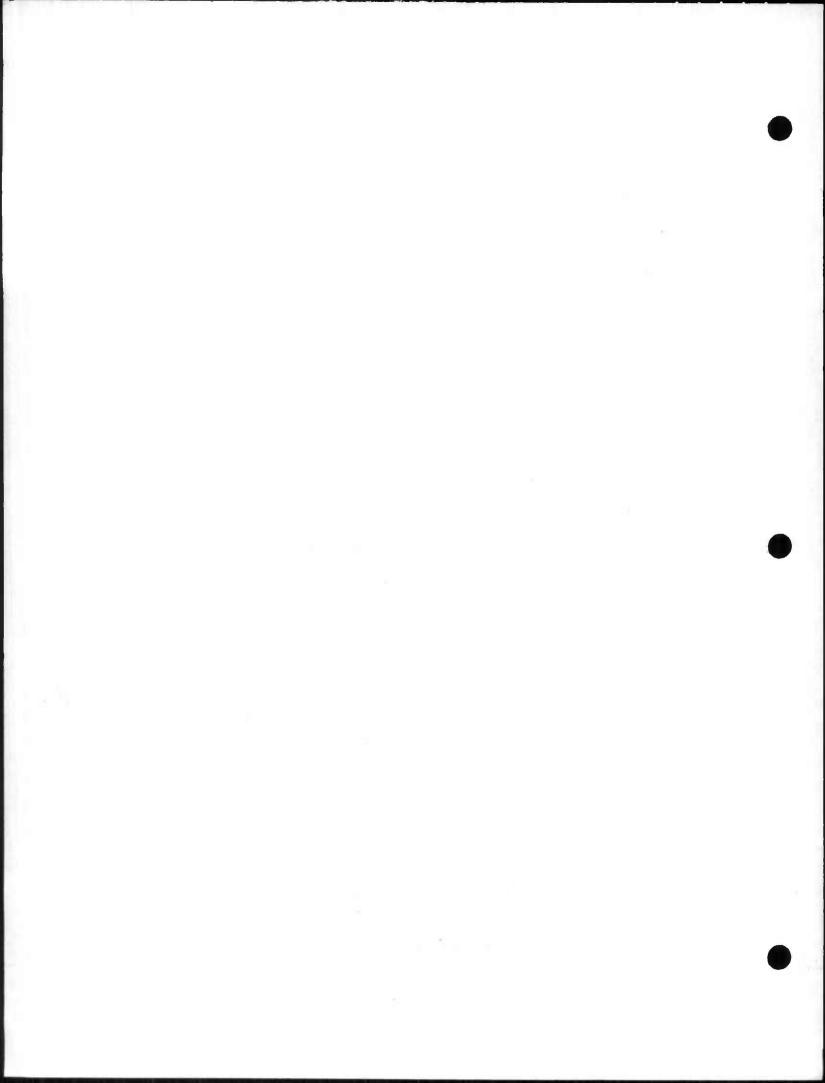
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this o	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is mark

	FOR STATE OF MARYLAND / DE CERT	PARTMENT OF H		MENTAL HYGIENI REG. NO.	E	
	t. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	v ve	3. TIME OF OEATH
	Ernest A. Thomas			Sept. 20,	1995	7:30 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birth	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	
	212-05-4828   t X M 2  F	RS.				ryland
œ	Meridian - Hamilton	1	en Location of DE Limore	ATH	9c. COUNTY OF	/A
6	RESIDENCE OF DECEDENT				14	/ / /
DIRECTOR		c. CITY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland N/A	Baltimore	ZIP CODE		100 CITIZEN OF	1 X YES 2 □ NO
RA	2607 Roselawn Avenue	100	21214		U. S.	
FUNERAL	tt. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No — 14, RA	CE — American Indian.
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		ectfy Cuban, Mexical 2 NO Specify	n, Puerto Rican, atc.)		ack, White, etc.
		ENT'S USUAL OCCUPATION	NA	16b. KINO OF BUS	MARGO /INDI ICTOV	White
ETE	(Specify only highest grade completed) (Give kii	nd of work done during mo	st of working		MESS/MDOSTRY	
APL	4 Years Elect	trical Cons Worker	struction	B G 8	E	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Malden		
BE	J. Ernest Thomas			A. Woodbw		7.0
2		Alling Address (Street of Roselawn				21214
	20g METHOD OF DISPOSITION 20b. PLACEANDE	DATE OF DISPOSITION (No	me of		CATION — City or	
	1   X Buriel 2   Cremetion 3   Removal from State   Cometery, cremator   4   Donation 5   Other (Specify)   GLEN HOW	ven Mem. Po	vrk 9/2	5/95 Bala	timore.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME A	D AODRESS OF FA	CILITY		
	1 Soluta todade	3331	nuner ruv Brohms I	ieral Home ane. Balti	imare M	d. 21213
	23. PART I. Enter the diseases, or complications that seused the death. ahock, or heart feiture. List only one deute on each line.					Approximete interval Between
ŀ	IMMEDIATE CAUSE (Fine)					Onset and Death
	disease or condition resulting in death) s. ASPIRATION	PREUI	novia			
_	disease or condition resulting in death)  s. ASPIRATION  DUE TO (OR AS A CONSEQUEN  PARKINSO  Sequentially list conditions.	alle Di	SENCE			1 1
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	ICE OF):	-0/(36			
S	cause. Enter UNDERLYING CAUSE (Disease or Injury					
F	that initiated events DUE TO (OR AS A CONSEQUENT resulting in death) LAST	ICE OF):				
S	d					
AL	PART II. Other significent conditions contributing to deeth but not result	iting in the underlyin	g cause given in	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă				1 YES 2	NO	OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YES [7] NO [	UNCERTAI	y <b>i</b>		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF	F DEATH (Check only one)	J OHICEKIAN	V 440		
SIC	EXAMINER?  t  YES 2 NO	OTHER:	ne 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN: MEDIC	(Month, Day, Year)		JURY AT	28d. DESCRIBE HOW I	NJURY OCCUREO	
В	1 M Netural 5 Pending 2 Accident Investigation	M 1 🗆				
6	3 Suicide 6 Could not be 4 Homicide determined	Jarm, street, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number of Run	al Route Number,
	29a. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death of		and the second	Flancisco I com as		
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the beals of examination end/or invest					e(a) and menner as stated.
	29b, SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSE NUI			ED (Month, Day, Year)
TO BE	30. NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)		D166	19	> Syp.	, 21, 1995
-	30. NAME AND ANDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)  98 N - BROADWAY ST. BALT.	(Type, Print) C. U. UD- 2/23	RGARA	-SOAPE	C	
			•			
	SFP 2 1 1995 Juli Muller Real	K				
						DHMH-16 Ray 1/89



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	4: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ar death with the State Depti, of Health and Mental Hygiene prior to burlal, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The 18	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State Del	IMPORTANT: If item 28 is marked, or item 2;

1. DECEDENT'S NAME (First, Middle, Last)		CERTI	FICATE O	F DEATH		REG. NO.			
m			m:::::::::::::::::::::::::::::::::::::		2. DATE O	DAM	0.5	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	LILLIAN  5. SEX  6. /	OF the second blank de	THIMAN		SEPT.				9:10am
216-78-3758	1 🗆 M 2 💢 F	AGE (in yrs. last birthday 88 YRS.	MONTHS DAYS	HOURS MIN.	SEPT	. 21,19	906	RUSS	IA
99. FACILITY NAME (If not institution, give PIKESVILLE NURSI				OR LOCATION OF D	EATH		9c. COUN		IMORE
RESIDENCE OF DECEDENT  10e. STATE  10b. COUN		10c. C	ITY, TOWN OR LOC					T	10d. INSIDE CITY LIMITS?
MARYLAND  100. STREET AND NUMBER	N/A		BALTIM	ORE			10g. CITIZ		1 X YES 2 NO
5 AMLEHT COURT,	APT. 1-A			21215			US	A	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuber, Mexic ES 2 NO Speci	an, Puerto Ri		r No-	Black Specif	- American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest grad		(Give kind o	S USUAL OCCUPA I work done during	TION most of working	16b. i	(IND OF BUSIN	NESS/INDU		
Elementery/Secondary (0-12)	College (1-4 or 5+)		use retired.) ESPERSO	N		RETAIL	SHO	ES	
17. FATHER'S NAME (First, Middle, Last) BERYL	MERMELS	STETN		16. MOTHER'S N.		ddle, Malden Su	rneme)		MESS
19e. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street	t end Number or Rural		r, City or Town,	State, Zip	Code)	1200
MRS. HANNAH	BARNES	722	GREENW	OOD ROAD	BALTI	MORE, I	MD 2	1208	
20a METHOD OF DISPOSITION 1 El Burlel 2 Cremetion 3 Re-	moval from State	20b. PLACE AND DAT cemetery, cremetory of		Name of	DATE	20c. LOCA	ATION - C	ity or To	vn, State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 1	LOTHIGE A	RADOMER	VEREIN .	AND ADDRESS OF F		-1995-	ROSI	EDAL	E, MD
· allensu	1/	noon	SOL	LEVINSON	& BRO	-		TMOD	E, MD 212
23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ST	NOKE  AS A CONSEQUENCE		node of dying, su	ch as cardi	sc or reepira	itory srre	est,	Approximeta Interval Betwee Onset and De
Sequentially list conditions,	b	AS A CONSEQUENCE			,				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR	AS A CONSEQUENCE	OF):						
	d								
PART II. Other significant condition CEREBRAL AN	YEURYSM			ing ceuse given in	Part I.	PERFORM 1 YES 2	Egy	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
END STAGE DID TOBACCO USE CON	RENAL TRIBUTE TO CAUS	DISEASE E OF DEATH	YES NO	UNCERTA	IN 🗆				1 TYES 2 NO
	HOSPITAL:		OTHER:	ome 5 🗆 Residence	a Cohar	(Specific)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	2000		T (p Notoning )					URED	
EXAMINER?	28e. DATE OF INJ (Month, Day, )	ther)	NJURY	NJURY AT WORK?	28d. DESC	RIBE HOW INJ	JURY OCC	01120	3-00-0
EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	(Month, Day, 1	(JURY — At home, term	M 1	WORK? YES 2 NO	281, LOCA	TION (Street and Town, State)			oute Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	(Month, Day, )	IJURY — At home, term (Specify)	M 1 [  n, street, factory, of	WORK? YES 2 NO Tice	281. LOCA City of	TION (Street and Town, State)	d Number o	or Rural R	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHY (Check only one) 2 MEDICAL EXAMINATION OF CERTIFIER AND TITLE OF CERTIFIER AND SIGNATURE AND TITLE OF CERTIFIER AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNAT	(Month, Day, 1) 28e. PLACE OF IN building, etc.  /SICIAN: To the best of my NER: On the besie of exemi	IJURY — At home, term (Specify)  knowledge, death occulnation and/or investigature.	NJURY M 1 [  n, street, factory, of a street the time, distribution, in my opinion	WORK? YES 2 NO Tice	28t. LOCA City of	TION (Street and Town, State)	d Number of	or Rural R	end manner ee stated
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER 1 CERTIFYING PHY (Check only one) 2 MEDICAL EXAMINATION OF CERTIFIER AND TITLE OF CERTIFIER AND SIGNATURE AND TITLE OF CERTIFIER AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNATURE AND SIGNAT	28e. PLACE OF IN building, etc.  (SICIAN: To the best of my NER: On the besie of exemiler	IJURY — At home, term (Specify)  knowledge, death occulnation and/or investigature.	NJURY M 1 [  1, street, factory, of arred st the time, didno, in my opinion	WORK?  YES 2 NO  Tice  ste end place, end du , death occured at th  29c. LICENSE NI D 4 5 9	281. LOCA City of	TION (Street and Town, State)  e(e) end manner and place, end	or es state due to the	or Rural R	end manner se stated. (Month, Day, Year)

Pages 1, 2, 3 should

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur		
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that s	ned by	Ith and	amy
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ENDIN	DR: Aft	ter de	B is
TIN HO	RECT	ours at	9т 2
TAL	RAL D	72 ho	11
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O THE	O THE	e filed	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	F	۵	700

ITEM: 31. DVR FILM G-727 9/21/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH REGINA WHEFLER 7:00 SEPT PM 395 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year)
July 25, 8. BIRTHPLACE (State or Foreign 1 M 2 TF 216-12-0346 85 1910 Maryland ne. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Rodgers Forge 1 TYES 2 XNO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 227-B Rodgers Forge Road 21212 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuber

1 YES 2 NO 1 Never Married 2 X Merried Specify: White BY Specify: 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Francis Donnelly Mary McCaffery BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4516 Saul Rd. Kennsington, Joseph Louis Wheeler Maryland 20895 20e, METHOD OF DISPOSITION
1 M Burlel 2 Cremetion 3 Removat from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION --- City or Town, State Gardens of Faith Cemetery 9/22 Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Baltimore, Maryland 21212 shock, or heart failure. List only one cause on sech line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Brevet Concer resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 YES 2 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO INCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 6 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and piece, end due to the ceuse(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

31. DATE FILED (Month, Day, Year)

Mousso-

32. REGISTRAR'S SIGNATURE SEP21 1995

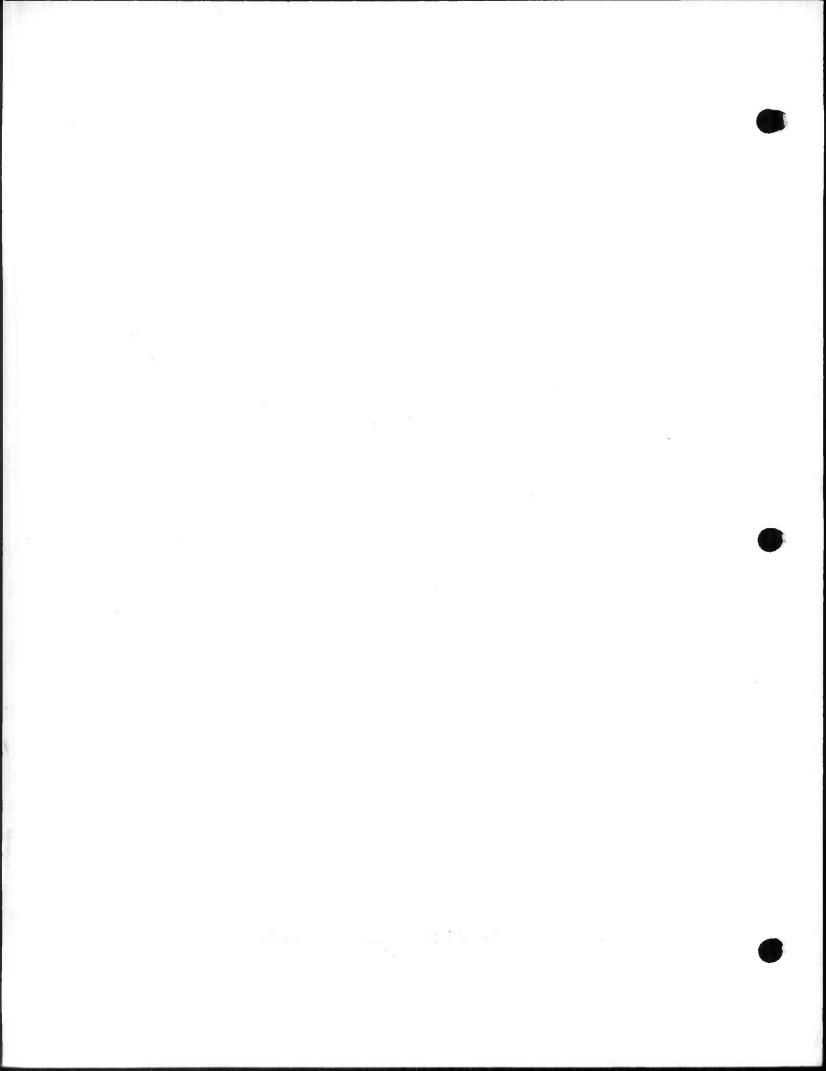
, M.D.

Jahi Davideon Rarball

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APT #F soltimore

DSEP. 18, 1995

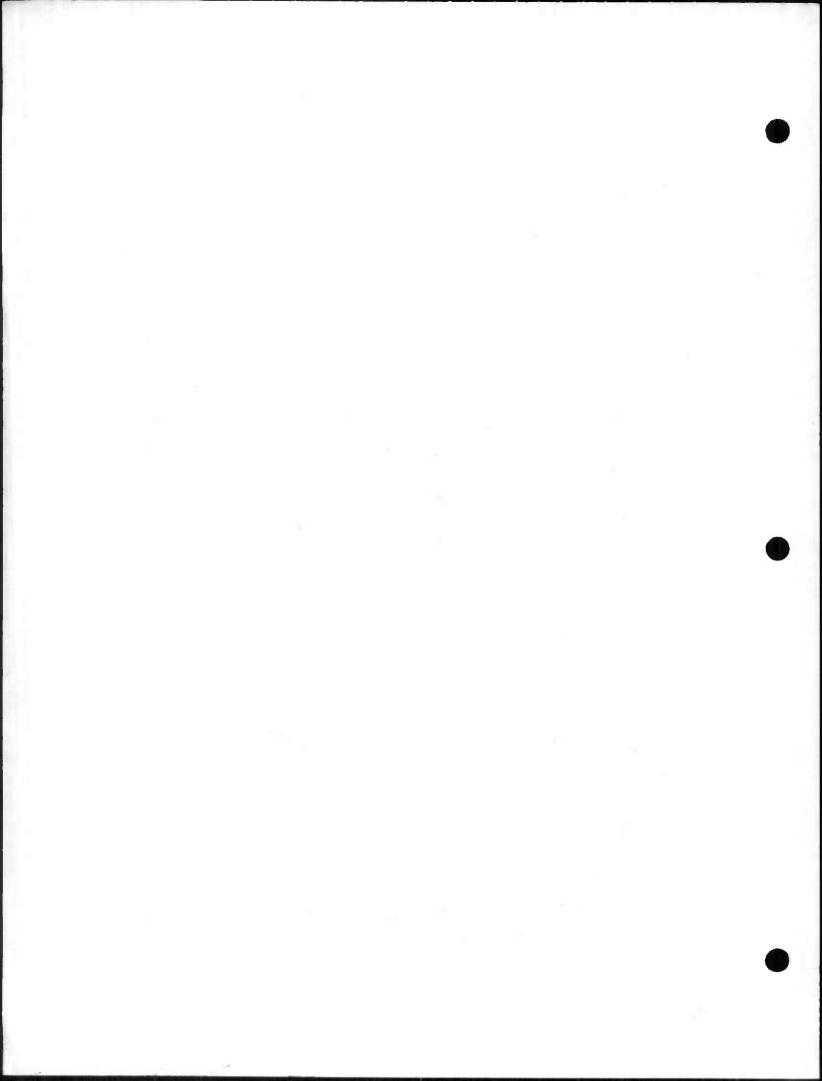


BALTIMORE, MARYLAND 21215-0020 ther death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he find with the State Debt. of Health and Mental Hydriene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	) / DEPARTME			MENTAL HYGIENE REG. NO.			
1	1. DECEOENT'S NAME (First, Middle, Last)					2 DATE OF DEATH		3. TIME OF DEATH	
	Shirley M. Wilson	rley M. Wilson Sept. 12, DAY 1995 YEAR							
	4. SOCIAL SECURITY NUMBER 5. SI								
	217-22-2863 1 Ma 2 M F /2 YRS. Sept 2.1923 Ma							Maryland	
	9a. FACILITY NAME (If not institution, give street ar	ld number)			R LOCATION OF DE	ATH	9c. COUNTY OF		
DIRECTOR	3025 Elm Avenue		Ba	altimo	re		Balti	more City	
i C	10a. STATE 10b. COUNTY								
5	Maryland Baltimon	re City	Ba	altimo	re City			XX YES 2 NO	
AL	10e. STREET AND NUMBER			101.	ZIP CODE			F WHAT COUNTRY?	
FUNERAL	3025 Elm Avenue				21211		U.	S.A.	
	11. MARITAL STATUS  1 Never Married 2 Married	MAS OECEDENT EVER IN U.S. FORCES? 1 YES 2	X NO			IIC ORIGIN? (Specify Yea o	r No 14. RA Bi	ACE — American Indian, sck, White, stc.	
BY	3 X Widowed 4 Divorced	F YES, GIVE WAR OR DATES		1 TYES	2 NO Specify	<b>/</b> :	Sp	pecify:	
G	15. DECEDENT'S EDUCATION	N 16a.	. DECEDENT'S USUA	L OCCUPATIO	N	16b. KIND OF BUSH	NESS/INDUSTRY	White	
	(Specify only highest grade compliance (Specify only highest grade compliance)  Elementary/Secondary (0-12)  Coll	lege (1-4 or 5 +)	(Give kind of work do life. Do NOT use retire	one during mo: od.)	at of working				
COMPLET	6		Homemake	er		Own I	Home		
5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden St	-		
BE	Edgar Morton Wann,	Sr.			Ossa				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,			
	Thomas Wann	20h BI A	CEAND DATE OF DIS				ATION — City or		
- 1	1 Donation 5 □ ofther (Specify)	cemetery.	raine Pai	rk Cen	eterv			Maryland	
- 1	21. BIGNATURE OF FONEHAL SERVICE LICENSE					Funeral Ho			
- 1	* Lemm	Busenes V	10	_		pad, Baltim		1211	
٦	23. PART I. Enter the disessee, or complete	lications that caused the	death. Do not er					Approximate	
1	23. PART I. Enter the disease, or comp shock or heart failure. List of IMMEDIATE CAUSE (Finel							Interval Between Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Branch Carcumpne -							9 moz	
	DUE TO (OR AS A CONSEQUENCE OF):								
S	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):								
4	if any, leading to immediate cause. Enter UNDERLYING	OUL TO (OH AS A COM	VSECUENCE OF ):						
HILLEATION	CAUSE (Disesse or injury that initiated events	OUE TO (OR AS A CON	NSEQUENCE OF):						
E	resulting in death) LAST								
CE	PART if. Other significent conditions cor	ntributing to death but n	ot resulting in the	underlying	ceusa given in	Part i. 24s. WAS AN A	UTOPSY 2	24b. WERE AUTOPSY FINDINGS	
N S						PERFORM	ED2	AVAILABLE PRIOR TO " COMPLETION OF CAUSE	
MEDIC					,	1   YES 2	M NO	OF DEATH?	
	DID TOBACCO USE CONTRIBU	JTE TO CAUSE OF D	EATH YES	NO E	UNCERTAIL	N, 🗆			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH (Ch		/				
L S	1 TYES 2 X NO IO	SPITAL: Inpatient 2 ER/Outpatien		HER: Nursing Hom	5 [ Hesidence	6 C Other (Specify)			
PHY	27. MANNER OF DEATH  1 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY		RK?	26d. DESCRIBE HOW IN.	JURY OCCURED		
B	2 Accident Investigation	28e. PLACE OF INJURY — A	I hama lasm stood	1 1		051 1 001710N (01-11-11			
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	it nome, rerm, street,	ractory, orne		261. LOCATION (Street an City or Town, State)	a Number or Hur	ar Houte Number,	
	29a. CERTIFIER CERTIFYING PHYSICIAN	To the best of my knowledge	a death assumed at t	the time date	and plane and due	1			
COMPLE	(Check only one) 2 MEDICAL EXAMINER: On							se(a) and menner ea stated.	
	29b. SIGNA ON AND TITL OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SIGN	NE# (Montpy-Day, Year)	
) BE	VIMO "	no			D336		× 9,	115 195	
2	30. NAME AND AGORESS OF PERSON WHO CON JOHN C. DOWNS				STE 504	TOWSON	MD	21204	
	31. DATE FILED (Month, Day, Year)	22 RECIETRADIC CICHATUS	D.C.	-10.				-	
	SFP21 1995	Mindrankarla	Lζ						



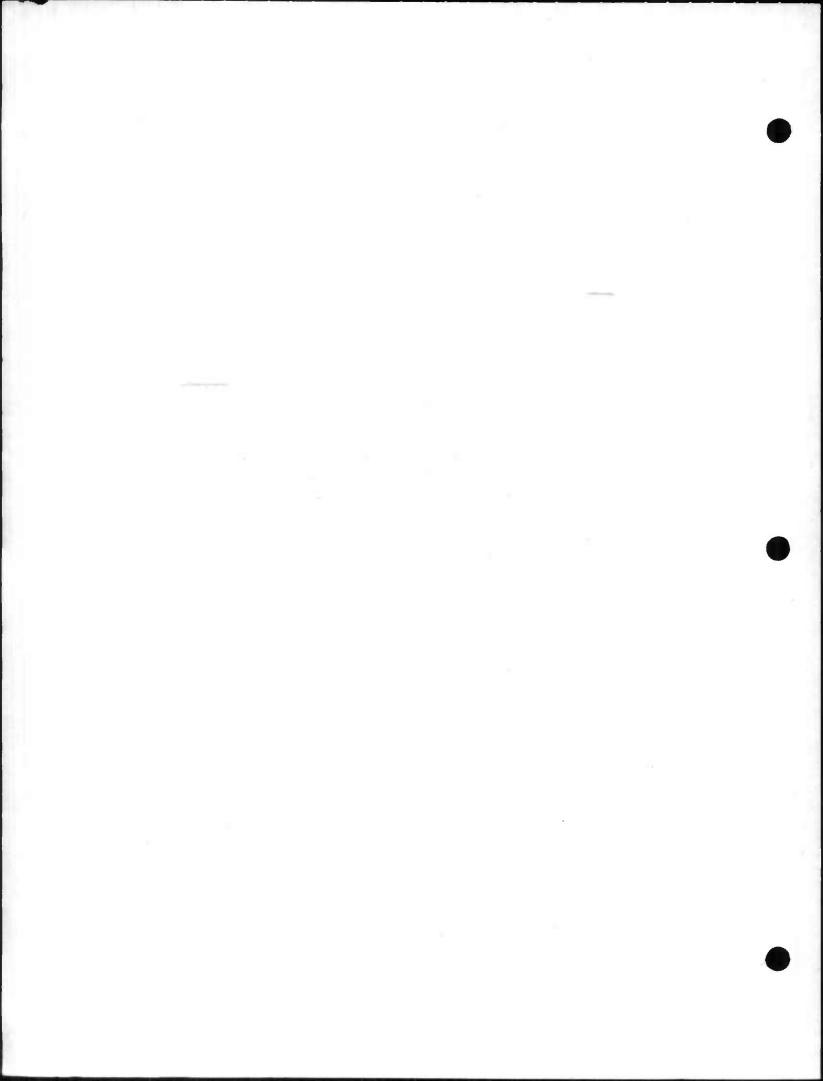
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OI IMPRILITEDATE		ICATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	4		3. TIME OF DEATH		
	Mildred R. Wa	į.			Sept. 17, 1995			11:00 PM M			
	4. SOCIAL SECURITY NUMBER 5. SEX		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTIN			IPLACE (State or Foreign		
		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year	7)	Countr	y) _			
			THO.			Dec 20,			yland		
~	9e. FACILITY NAME (If not institution, give street and num	iber)		9b. CITY, TOWN (	OR LOCATION OF DE	ATN	9c. CO	UNTY OF D	EATH		
Ö	Meridan Nursing Lo	ng Green		Balti	more		Ba	ltim	ore City		
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10. 017	Y, TOWN OR LOCAL	2041				10.1 11.010.5 0.711		
BE	Maryland Baltimore	City		altimore					10d. INSIDE CITY LIMITS?		
									1XXYES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CI	FIZEN OF Y	WHAT COUNTRY?		
	3939 Roland Avenue	APT LL1			21211		U.	S.A.			
5	11. MARITAL STATUS 12. WAS D	ECEDENT EVER IN U.9	ARMED			IIC ORIGIN? (Specify		14. RACI	E — Americen Indian, k, White, etc.		
7	1 Never Merried 2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	S? 1 YES 24, GIVE WAR OR DATES	XINO		2 NO Specify	n, Puerto Ricen, etc.	)	Speci	Hy:		
ВУ	3 Widowed 4 Divorced				Λ				White		
COMPLETED	ts. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a	DECEDENT'S	USUAL OCCUPATION	ON at of washing	16b. KIND OF	BUSINESS/IN	DUSTRY			
E		1-4 or 5+)	life. Do NOT us	se retired.)	si or working						
립	10		Home	maker		0	wn Hon	ne			
0	17. FATNER'S NAME (First, Middle, Last)		1404110		18. MOTHER'S NA	ME (First, Middle, Ma					
	Howard M. Gettel				Dora	B. Bak	er- Ra	ver			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street of	and Number or Rural i	Route Number, City or	Town State 7	(in Code)			
5	Doreen Krebs		11	08 W. 43	rd Stree	t, Balti	more,	Mary	land 21211		
- 1	200 METHOD OF DISBOSIFION	- Tank 191		OF DISPOSITION (No			LOCATION -				
	20e-METHOD OF DISPOSITION 1 IABuriel 2 Cremation 3 Removed from 5		y, crematory or o	ther plece)		1					
	4 Doneston 5 Determine the property Parkwood Cemetery 9/20 Baltimore, Maryland 21. SIGNATURE OF FINE DAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
	Burgee-Henss Funeral Home 21211										
	Num 12	Jum Durge Menn 3631 Falls Road, Baltimore, Maryland									
	23. PART I. Enter the diseases, or complication	one that caused the	e desth. Do i	Control Control					Approximate		
	ahock, or heart fallure. List only	ona cause on each	lina.				- cpinatory -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	intarval Setween		
	IMMEDIATE CAUSE (Final disease or condition )										
	disease or condition resulting in death)  a. Separa								2 DITY>		
	- Corelina Cascular Accident 1 Month										
Z	Sequentially list conditions										
E	If any, leading to immediata										
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury										
臣	that initiated events	DUE TO (OR AS A COI	NSEQUENCE O	F):							
CERTIFICATION	resulting in death) LAST										
Ö	PART II. Other aignificant conditions contribu	ting to death but a	ant regulation	in the content to	n naven alvan la	Don't Tour une	AN AUTOPSY		. WERE AUTOPSY FINDINGS		
DICAL	TANT II. Ottal agrificant conditions contribut	ting to death but i	iot resulting	in the undarryin	g cause givan in		FORMED?	/ 240	AVAILABLE PRIOR TO		
8						1 YE	S 2 100		OF DEATH?		
ME									1 - YES 2 - NO		
	DID TOBACCO USE CONTRIBUTE 1	O CAUSE OF D	DEATH YI	ES 🗌 NO 🛭	] UNCERTAII	N					
¥	25. WAS CASE REFERRED TO MEDICAL	28. 1	PLACE OF DEA	TN (Check only one)							
SIC	EXAMINER?  1 YES 2 NO 1 Inpet	FAL: lent 2 ER/Outpatier	nt 3 🗆 DOA	OTHER:	ne 5   Residence	8 Other (Specify)					
PHYSICIAN:		DATE OF INJURY	28b. TIN		JURY AT	28d. DESCRIBE NO	O YRULNI WC	CCURED			
		(Month, Day, Yeer)		JURY WO	YES 2 NO						
ВУ	2 Accident Investigation	DI ACE OF IN HIEV	At home down			001 1 001 701 701			0-1-11-1-1		
0	3 Suicide 8 Could-not be 4 Nomicide determined	PLACE OF INJURY — / building, etc. (Specify)	At Home, farm,	street, isciory, ome		26f. LOCATION (St. City or Town, S		er or Hurer	Houte Number,		
COMPLETE											
7	29a. CERTIFIER Check only 1 CERTIFYING PHYSICIAN: To the	best of my knowledg	e, death occurr	ed at the time, date	end placa, end dua	to the cause(e) and	manner as st	ated.			
MO	One) 2 MEDICAL EXAMINER On the I	mys of mainination on	d/or investigation	on, in my opinion, o	leath occured at the	time, data and place	e, and due to	the cause(	a) and manner ee stated.		
	29b. SIONATURE AND TITLE OF CERTIFIER	Vila	.14		29c. LICENSE NUI	MBER	294 D4	TE SIGNE	(Month, Day, Year)		
BE	xokue 1. 8	april	MI	D.	177	164-5	•	9/11	9/9		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH	/ITEM 273 /7-0-	Print)	1)00	-413		4	177		
		V.C M	1 7 11 (1) (1) (1) (1)	C 111. 1 A	ALOX A	E. BAL	To 1	1x	71777		
	TREDRIC'S, SIE	F-1> V11	レー	> 1 HOLA	DIKO M	E. 1770	10- 1	""	1166		
	SEP 2 1 1995 Jali	SOF CONTROL	HE								



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH September 19,1995 CATHERINE WEIDELE 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Ybar) 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. & BIRTHRI ACE (State 1 🗌 H 2 📝 F 215-03-9036 82 Maryland september 26,1912 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DC COUNTY OF DEATH DIRECTOR 2703 Hemlock Ave. Baltimore City N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY NA Baltimore City Maryland 1 X YES 2 NO permit. FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the bunial-transit 21214 3403 Royston Avenue United States retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 pr 5+) COMPL 9 years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 76 **Francis McKinnev** BE Anna Yeager 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 Mrs. JoAnn Maxxiott MAZZIOTT 2703 Hemlock Avenue Baltimore, MD 21214 Page 6 may be pe 20e. METHOD OF DISPOSITION
1 X Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c, LOCATION - City or Town, State DATE must Gardens of Faith 4 ☐ Donation 5 ☐ Other (Specify) __ Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. Mark T. Zavoyna 21214 MarkT. hours after death. 5305 Harford Rd.. Leonard J. Ruck, Inc. n and completely filled in by the to bunial, cremation, or removal. the medical 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. Liet only one cause on each line. interval Bety Onset and Death IMMEDIATE CAUSE (Final disesse or condition Cardinacion Diseuse Arterioscleutic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 68760 executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate the death certificate be the attending physician Mental Hydiene orior to prior cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE Pulmmey Osstructive any rseeu 1 TES 2 NO OF DEATH? 1 YES 2 NO t. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: MP has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL: OTHER: OR ATTENDING PHYSICIAN: 1 TES 27 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? marked, 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED this c 1 Netural 5 Pending м 1 YES 2 NO BY After death 2 Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 28 determined 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and piaca, and due to the cause(a) and manner as stated. HOSPITAL O FUNERAL D within 72 ho (Check only one) -2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPIT TO THE FUNERA DE filed within 7 296. SIGNATURE AND TITLE OF CERTIFIER 29c HICENSE NUMBER D19423 BE 29d. DATE SIGNED (Month, Day, Year) 201 95 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Edward M. Miller, M.D.

5601 Loch Raven Blvd.

32 REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

SEP21 1995

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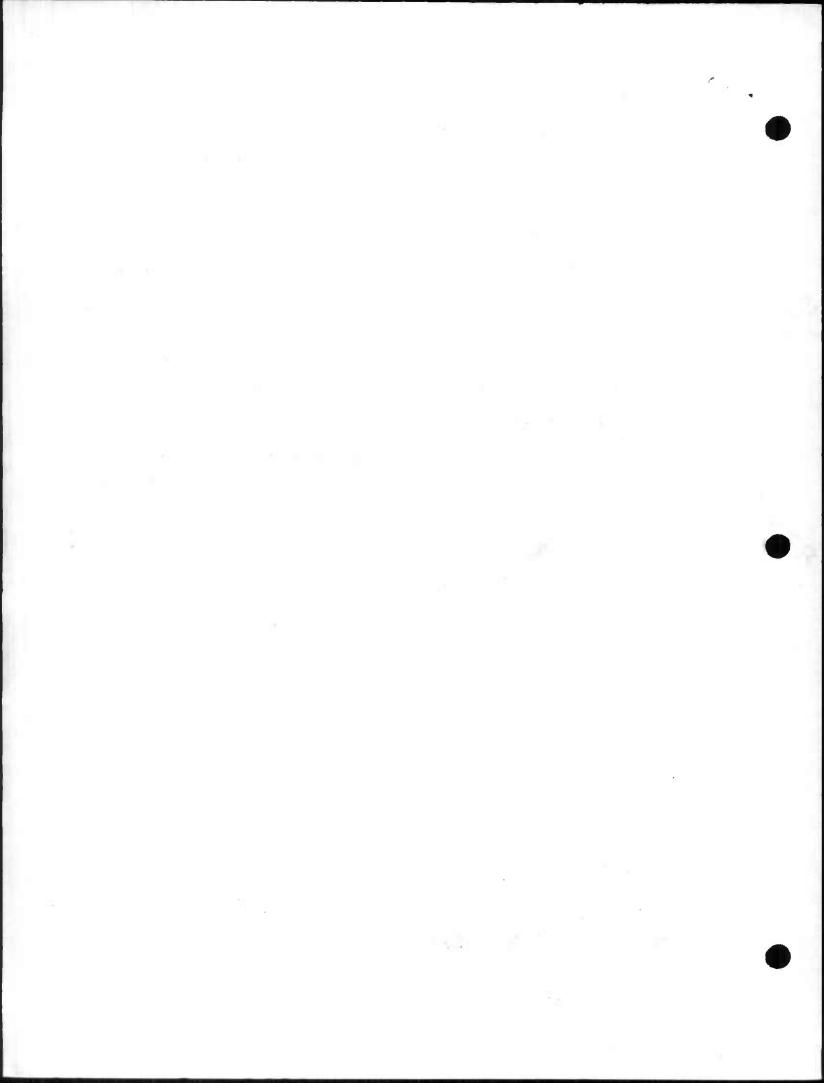
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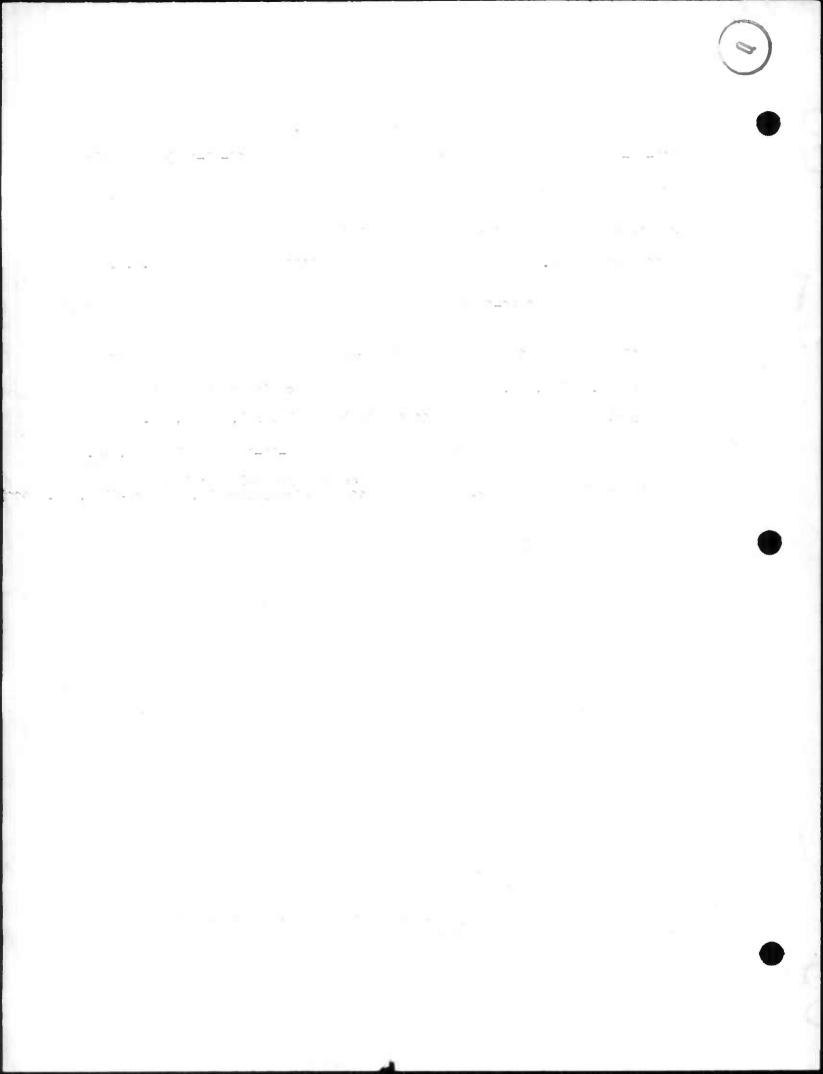
IMPORTANT: If item 2 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

-	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
	1. DECEDENT'S NAME (First, Middle,	, Lest)				2. DATE OF DEATH			TIME OF DEATH	
	Ursula	C.	Wallace			Sept. 19 1995			12:30	Рм
i	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9.	BIRTHPLA	CE (State or Fore	
	214-26-9164	1 □ M 2 ☑ F	66 YRS.	ONTHS DAYS		September 3,	1929	- 4	land	
r	9a. FACILITY NAME (If not institution, 15 Garnet Av	enue	9		HODGE 11		9c. COUNTY			
DIRECTOR	RESIDENCE OF DECEDER			C	tonsvill	.e	Bali	timor	e	
1 1		COUNTY	10c. CITY, 1	OWN OR LOCAT	ION			10d	. INSIDE CITY	
5	Maryland Ba	altimore		Catonsv	ille			10	LIMITS?	10
4	too. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	15 Garnet Avenu	ie			21228		U.S	.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I				IC ORIGIN? (Specify Yes	or No — 14.	RACE - A	American Indian	٦,
2	1 Never Merried 2 Merried 3 Widowed 4 X Divorced	FORCES? 1 YES			2 X NO Specify	n, Puarlo Rican, etc.)		Specify:		
- 1									Black	
	15. DECEDENT (Specify only highes	st grade completed)	18a. DECEDENT'S US (Give kind of work life, Do NOT use n	k done during mo	N at of working	166. KIND OF BUS	SINESS/INDUS	TRY		
֡֡֓֞֡֓֞֡֓֡֡֡֞֜֜֡֡֓֓֓֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	Elementery/Secondary (0-12)	College (t-4 or 5+)				C	14 1	1		
COMPLEIED	17. FATHER'S NAME (First, Middle, La	nst)	Claims Exa	шшег	18 MOTHED'S NA	State of ME (First, Middle, Meiden		DI		
- 1	James E. Smi					Lizabeth But				
2	19a. INFORMANT'S NAME (Type/Prin	nt)	19b. MAILING AC	ODRESS (Street a		Route Number, City or Tow		ode)		
2	Pam Wallace	(daughter)				dallstown, Ma				
	200. METHOD OF DISPOSITION		PLACE AND DATE OF		me of	DATE 20c. LO	CATION — City	y or Town,	State	
- 1	t M Burial 2 Cremation 3 Ramoval from State    Cremation 5 Other (Specify) CrestLawn Cemetery September 25, 1995 Marriottsville, Maryland									
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22. NAME AN	D ADDRESS OF FA	CILITY				
	Tresues	ente				ell C Witz				
	1-1	a, or complications that cause	d tha death. Do not	enter the mo	da of dving, auc	Avenue Ca	retory arrea	ille.	Approximat	
- 1	shock, or heert fe	ellure. Liet only one cause on e	each line.				,	.	Interval Be	tween
	disease or condition	IMMEDIATE CAUSE (Final disease or condition								0
ł	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	13/4/	7				17,124	
_	Parcacatio Carco									
HIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):								
5	cause. Enter UNDERLYING CAUSE (Disease or injury	C								
	that initiated events reaulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					1		
S E	reading in death, Exa.	d								
AL C	PART ii. Other significant cor	nditione contributing to deeth i	out not reculting in	the underlying	cause given in				RE AUTOPSY FIN	
						PERFOR	1	COI	ILABLE PRIOR T	
MEDIC							3	1	DEATH?	10
	DID TOBACCO USE CO	ONTRIBUTE TO CAUSE O	OF DEATH YES	□ NO D	UNCERTAIL	v 🗆				
SICIAN	25. WAS CASE REFERRED TO MEDI-		26. PLACE OF DEATH		3			1		
2	1 YES 2 NO	HOSPITAL: 1 ☐ Inpetlent 2 ☐ ER/Out		THER:	- THEIDence	8 Other (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (		URY AT	28d. DESCRIBE HOW	NJURY OCCUP	RED		
2	1 Pending 2 Accident friveatig	g.		M 1 🗆						
ED	3 Suicide 6 Could r	not be building, etc. (Spe	Y — At home, farm, atre	et, factory, offic		281. LOCATION (Street City or Town, State)		Rural Route	Number,	
	4 Homicide determi	ined								
7		PHYSICIAN: To the beet of my know	viedge, death occurred	at the time, data	and place, and due	to the cause(a) and ma	nner aa stated.			
COMPLE	one) 2 MEDICAL EX	XAMINER: On the beele of exemination	on and/or investigation,	In my opinion, d	eath occured at the	time, date end piece, er	nd due to the o	cause(a) and	å manner ee str	sted.
DE C	29b. SIGNATURE AND THE OF CO.	TIFISR			29c. LICENSE NUI	ABER .	29d. DATE S	IGNED (Mo	onthe Day, Year)	
20	Mille 11/2	M.O.			DYYC	144	1 9	120	145	
=	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	rint)	1	1 1 /	0		n	
	STAN WA	32. BEGISTRAR'S SIGN	UNION	Meno	217/	Intiquet	43/	mon	e,no.	
	SEP/21 1995	Jali diwales	AL M						1170	



		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
		JOSEPH  4. SOCIAL SECURITY NUMBER	Tyler		LEN	Jr.	SEPT.19,	1995	21:30 P M	
pin		212=40=0259  96. FACILITY NAME (If not institution, give a	1 N 2 F 5	(In yrs. last birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-22-19	43	BIRTHPLACE (State or Foreign Country) Maryland	
, 2, 3 should	стов	6113 PARKWAY D			BALTI	MORE	EATH		Y OF DEATH City	
t. Pages 1,	DIREC	10s. STATE 10b. COUNT	more City		y, TOWN OR LOCA Baltimo:				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
sit permit.	ERAL	10. STREET AND NUMBER 6113 Parkway Dr.		· · · · · · · · · · · · · · · · · · ·		1. ZIP CODE 21212	_=-	10g. CITIZE	N OF WHAT COUNTRY?	
15-0020 ending physician. as the burlal-transit	ETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT VEYER IN FORCES? 1 1 YES	N U.S. ARMED 2 NO ATES	If yes, sp	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		Black, White, atc.  Specify: White	
or afte		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION	USUAL OCCUPATE vork done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDUS			
AND the hospital detached for	COMPL	12	1	1 Salesman				ee Ser	vice	
		17. FATHER'S NAME (First, Middle, Lest)	18. MOTHER'S NAME (First, Middle, Melden Surname)							
MARY retained by 5 should be notified at	BE	Joseph T. Allen, Sr.  190. INFORMANT'S NAME (Type/Print)  190. M			ADDRESS (Street )		Saunders	era State Zio Co	odel	
- A 8 e	5	190. INFORMANT'S NAME (Type/Print)  Brian Allen  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code  11314 Sitting Bull Trail, Lusby, Md. 20							20657	
E E J TSI		20e. METHOD OF DISPOSITION  1	oval from State 20b	PLACE AND DATE OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE	of DISPOSITION (No ther place) atory	9-22-		ltimore	y or Town, State e. Md.	
ALTIMO death. Page 6 funeral directo f.		21. SIGNATURE OF FUNERAL SERVICE LIC				ND ADDRESS OF FA	1			
BAL ins after dear in by the fun removal.		23. PART I. Enter the diseases, or	eslando		11605	Reisters	stown Rd.	Owings	Mills, Md. 211	
of within 24 hour completely filled is cremation, or event, the my	N	interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Dea								
ath certificate be rated Hygiene prior tal Hygiene prior tal from traum.	CERTIFICATION	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.								
that the ed by the th and M any Inju	MEDICAL	PART II. Other algnificant condition	a contributing to death b	ut not resulting i	n the underlyin	g cause given in	Part I. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 SES 2 NO	
LA KEC law requires as been sign bept, of Heal 23 shows	4.0	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YE	S INO	UNCERTAIN	VO THY	3500-	1 TES 2   NO	
VIIAL AN: The law inficate has State Dep	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:					
HYSICIAN NIS Certification of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Section of the Se	PHYS	1 TYPES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/Outp	28b. TIM	E OF 28c. INJ	Ne 5 X Residence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUF	RED	
NG PHYS fler this c eath with	ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 🗆	YES 2 NO				
OR ATTENDIN DIRECTOR: Att	ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, a	treet, tectory, offic	:0	28t. LOCATION (Street City or Town, Stete)		Rural Route Number,	
TO THE HOSPITAL OR TO THE FUNERAL OR De filed within 72 Nour IMPORTANT: If Item	COMPLE		ICIAN: To the best of my knowl						euse(e) and menner es stated.	
HE FUN	BE C	296. SIGNATURE AND TITLE OF CERTIFIES	01 00			29c. LICENSE NUN	(BER	29d. DATE S	IGNED (Month, Day, Year)	
5 5 3 M	TO B	mayure 17	relolate	8		ОСМ	E	▶ SE	PT.20,1995	
7		PARE AND ADDRESS OF PERSON WHE	What Mp	111 P		reet, B	altimore	, Mar	yland 21201	
5		SEP\$ 2 1995	A PARTIE AND A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	2.5						



YEAR

3. TIME OF DEATN

REG. NO

2. DATE OF OEATN

FOR STATE REGISTRAR

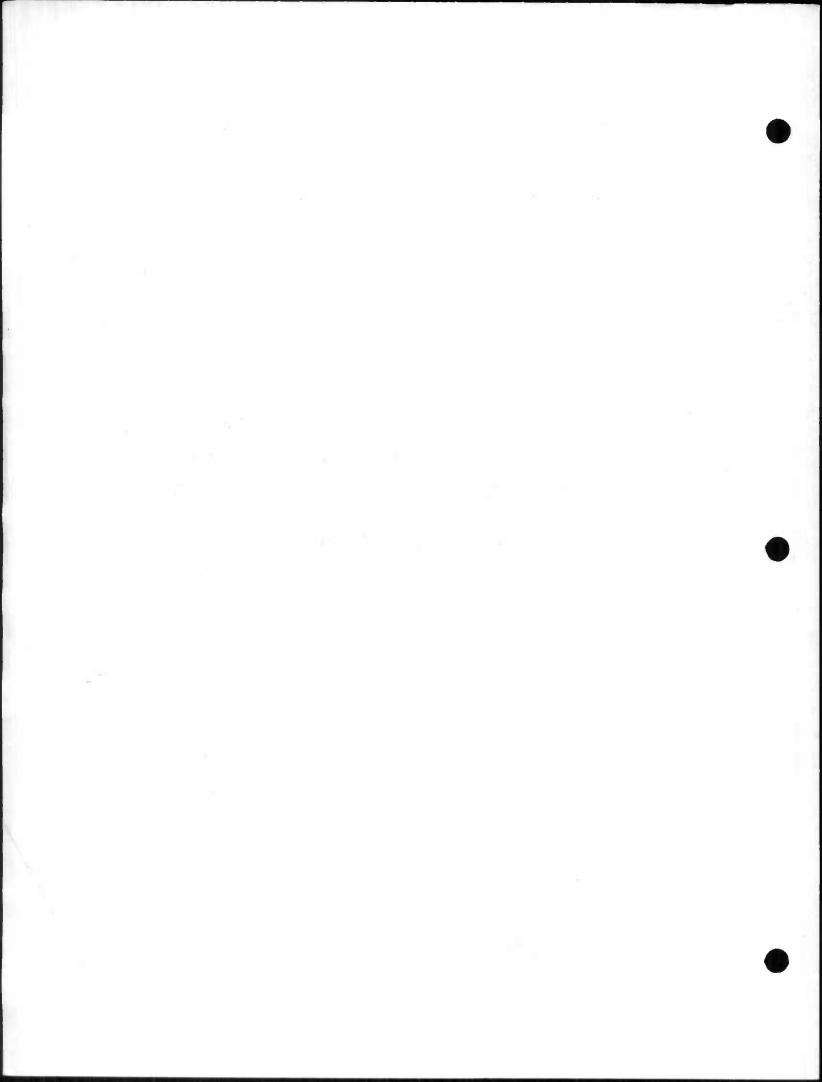
1. DECEDENT'S NAME (First, Middle, Last)

Bernice H. Anderson 995 Рм 18 8:07 September 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 🗌 M 2 🖫 F 218-26-9033 YRS. 63 30, Maryland permit. Pages 1, 2, 3 should FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF OEATH DIRECTOR 3101 Hillsdale Road Baltimore n/a 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY 1 YES 2 | NO Maryland n/a Baltimore FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 3101 Hillsale Road 21207 USA hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify BY 3 Widowed 4 N Divorced funeral director, page 5 should be detached for use as the Black ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify on Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 5+ Social Worker State of Maryland once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) John Anderson notified at Helen Phillips 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code 2 Rae Simms 3101 Hillsdale Road Baltimore, Maryland 21207 must be 20e. METHOD QE DISPOSITION
1 ☐ Burlel 2 🔏 Cremetion 3 ☐ Removal 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Sett Metro Crematory, Inc. ory, Inc. 20 Catonsville, Maryland
22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 4 ☐ Donation 5 ☐ Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 completely filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, on heart fellure. List only one ceuse on each line. Approximate cremation, or Onset and Death IMMEDIATE CAUSE (Final BREAST CANCER disease or condition resulting in death) METASTATIC other traumatic event. DUE TO (OR AS A CONSEQUENCE OF burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING physician HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events the attending p resulting in death) LAST 10 PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by t PERFORMED? AWAILABLE PRIOR TO ашу COMPLETION OF CAUSE OF DEATH? 1 YES 2 W NO is certificate has been signed ith the State Dept. of Health ed, or Item 23 shows an 1 TYES 2 WHO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IT UNCERTAIN PHYSICIAN: 28. PLACE OF DEATH (Check only one 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** HOSPITAL OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | 1 YES 2 10 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED with t marked, 1 Natural 5 Pending Investigation 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

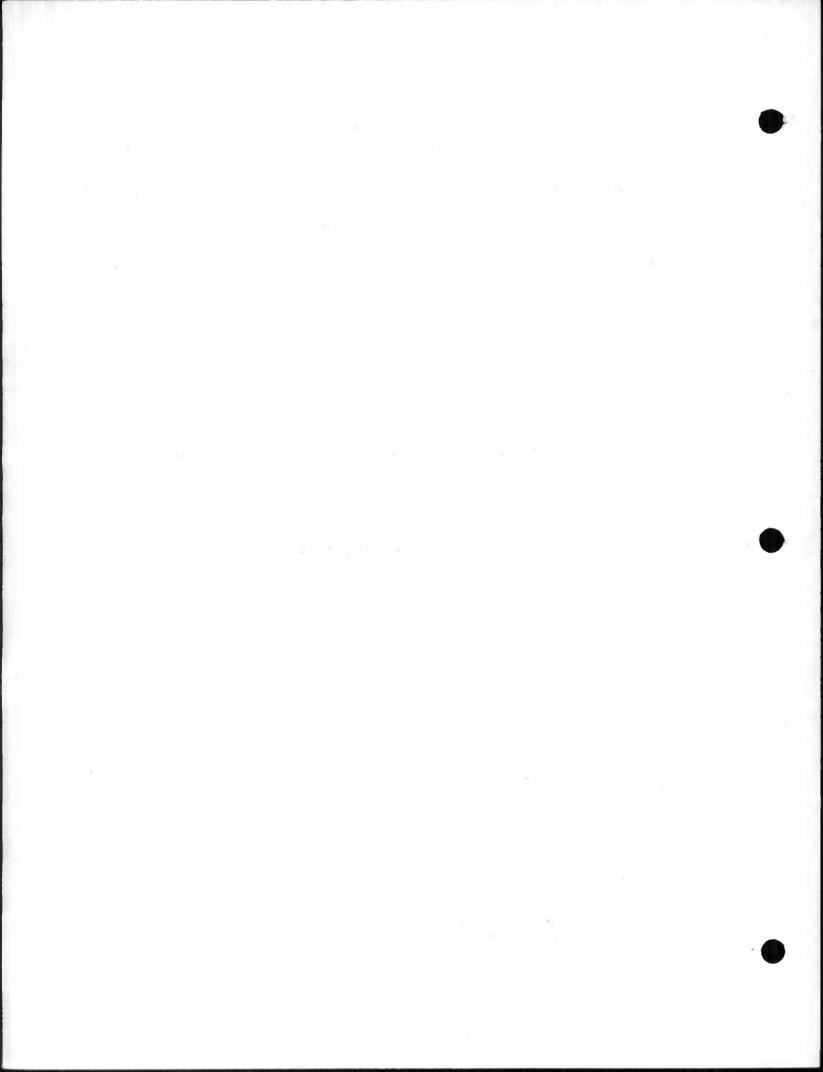
2 MEDICAL EXAMINED: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner se stated. TO THE HOSPITAL OF TO THE FUNERAL DE be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 29071 20-95 nus 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ravi A. Krishnan, M.D. 3> REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) SEP 2 2 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



AMEND ITEMS: #27 , 28D PER MEO G781 3-17-2000 WR.

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H			HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)  KOAKI			ASHIDA	SE	2. DATE OF WONTH		YEAR	TIME OF DEATH
pin		4. SOCIAL SECURITY NUMBER 214-43-6379	1 □ M 2 🔯 F 1	rrs. last birthday) 9 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BIRTN	8. BIRTNPI, Country)	LACE (State or Foreign
1, 2, 3 should	стоя	80. FACILITY NAME (If not Institution, give st  302 EAST JOPE RESIDENCE OF DECEDENT			TOWSC	N LOCATION OF E	DEATN		LTIMO	
Pages	DIRE	10e. STATE 10b. COUNTY	_	10c. CITY	Chofu C	city, To	kyo, J	apan	- 1	Od. INSIDE CITY LIMITS?  YES 2 X NO
an. ransit permit.	FUNERAL	5-14-19 Sazu Mac				182			Japan	AT COUNTRY?
NU Z1Z13-UUZU hospital or attending physician. ached for use as the burial-transit	B⊀	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	ever Merried 2 Merried FORCES? 1 YES 2 X NO			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Rican, etc.)  1  YES 2 NO Specify:  Specify:				
ital or attend	LETED	(Specify only highest grade   Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give kind of ifte. Do NOT of ifte. Do NOT of ifte. Do NOT of ifte. Do NOT of ifte. Do NOT of ifte. Do NOT of ifte. Do NOT of ifte.							
AND he hospit detached once.	COMPL	1.2 17. FATNER'S NAME (First, Middle, Last)	Stud	dent	14 MOTHER'S N	AME (El-) Alle	Educat	ion		
# 84 F	TO BE C	Mamoru	ida		Kazı		on, Melden Sumame)	Kato		
A dia of				196. MAILING	ADDRESS (Street e			City or Town, State, Z.		
may be re or, page 5 ust be no	-	Mamoru Ashida					Chofu	City, Ja	pan	182
6 may be ector, page must be		1 Buriel 2 Cremation 3 Remo	val from State   complet	ry, cremetory or oth			DATE	20c. LOCATION —		
ALLIMOR leath. Page 6 m funeral director, xaminer must		21. SIGNATURE OF FUNERAL SERVICE LICE		Hachio	22. NAME AN	Cery D ADDRESS OF FA	ACILITY	Tokyo,	Japan	a
death. Pag thereal distribution		Bryan W. et	) ( Vary			on Funer		ne d, Timoni		
toou ball in 24 hours after death. Page 6 completely filled in by the funeral direct ial, cremation, or removal.		23. PART I. Enter the diseases, or candick, or beart failure. Limited in the second second second second second second second second second second second second second second second second second second second second sec	DUE TO (OR AS A CO	Line.	In the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the modern the mode	de of dying, suc	ch aa cardia	c or reapiratory as	reat,	D 21093 Approximate Interval Between Onset and Death
th certificate be executed physician and I Hygiene prior to bur	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO							
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OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETE	4 Homicide determined	G-1	partm.	ent		302 6		Road	,
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		30. NAME AND ADDRESS OF PERSON WHO	10 11							
00		31. DATE FILED (Mercha Describer)	3 RECHTRARY MONTU	Penn St	reet, Ba	altimore	, Mary	land 21	201	
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	30e 6 ma	director, p	r must
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p be filed within 72 hours after death with the State Dent; or Heath and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
3	ours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formation or neuronal be filed within 72 hours after death with the State Dest, or Health and Mental Hondere ends to build, cremation or neuronal	medical
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	AMTNI AMEZ				o criti	MONT	OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ALTER BENJAMIN ATKINSON RITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.						YTEMBEE OF BIRTH	20.	199	PLACE (State or Foreign
	217-03-4705	$217-03-4705$ 1 $3$ M $_2$ $_{ m F}$ 80 YRS. MONTHS DAYS HOURS MIN. (Month, Dey. Year 10/31/14							Country) MARYLAND		
m	90. FACILITY NAME (If not institution, give s				b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUR	NTY OF OE	HTA
DIRECTOR	ATLANTIC GENERAL RESIDENCE OF DECEDENT	BERI	BERLIN			WORCESTER					
H	10e. STATE 10b. COUNTY	1		10c. CITY,	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	MARYLAND	N/A		BA	BALTIMORE CITY						TXX YES 2 NO
RAI	100. STREET AND NUMBER	3 (			10	. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	1430 GETTINGS A					2123				USA	
ВУ	11. MARITAL STATUS  1				If yes, sp	CENDENT OF HISP ecify Cuban, Mexic 2 12 NO Spec	cen, Puerto		or No	14. RACE Black, Specify	- American Indian, White, atc. White
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S US	BUAL OCCUPATE	ON	161	. KIND OF BUS	SINESS/IND	USTRY	***************************************
ᇦ	Elementery/Secondary (0-12)	College (1-4 or 5 +		Do NOT use i	rk done during me retired.)	est of working					
I I	12th Grade		_ A	DVERT:	ISING S	ALES		SELF	EMPI	OYED	
Ö	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First,				
BE (	WALTER E. ATKI	NSON				MARY	E. E	ATON			
6	194. INFORMANT'S NAME (Type/Print)		198	. MAILING A	DORESS (Street )	and Number or Rurs			n, State, Zip	Code)	
۱٦	DORIS ATKINSON			1430 (	GETTING	S AVENU	E BA	LTIMOR	E, MI	21	239
	20e. METHOD OF DISPOSITION 1   ↑ Buriel 2   ☐ Cremation 3  ☐ Remo	oval from State	20b. PLACE A		DISPOSITION (N	ame of	OAT	E 20c. LO	CATION		
	4 Donation 5 Other (Specify)				METERY		9/23	/95 B	ALTIM	ORE,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/	4 1		ND ADDRESS OF F					
	Mustina	To Ko	Doneck			ON FUNEI					
	23. PART i. Enter the diseases, or o	omplications that	couled the de	eth. Do not	enter the mo	de of dying, su	ich es cen	diec or respi	TYOWISC ratory erro	oet,	Approximate
	ahock, or heert fellure.	List only one caus	se on each lina								Interval Between Onset and Death
1	disease or condition resulting in death)	. COP	COPD								75205
	DUE TO (OR AS A CONSEDUENCE OF):									VOHIS	
Z	Sequentially list conditions to Addens carely and										
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING										
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Ē	that initiated events resulting in deeth) LAST	552 15 (	ON AS A CONSEC	IDENCE OF).							
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A	PART il. Other aignificant condition	e contributing to	deeth but not re	eculting In	the underlyin	g ceuse given l	n Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
음								1 TES 2			COMPLETION OF CAUSE
MEDIC											YES 2 NO
z	DID TOBACCO USE CONTE	RIBUTE TO CAL				UNCERTA	IN 62				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC		(Check only one)						
X	1 VES 2 NO  27. MANNER OF DEATH	1 1 Impatient 2		DOA 4	☐ Nursing Horr	e 5 🗆 Residence					
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28e, OATE DF I (Month, Da	ly, Yber)	28b. TIME E	M 1	PRK?	28d. OES	CRIBE HOW II	URY OCC	UREO	
ED	3 Suicide 8 Could not be datermined	25e. PLACE Of building, e	* INJURY — At horote, (Specify)	me, ferm, stre	et, factory, offic			ATION (Street e or Town, Stete)	nd Number	or Rural Ro	ute Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of i	my knowledge, der	th occurred	at the time, date	end place, end du	e to the car	rse(e) end man	ner as state	ıd.	
8	one) 2 MEDICAL EXAMINE										and menner se stated.
S I	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	JMBER		29d. DATE	SIQNED (	Month, Day, Year)
0	85h Collen	non & mo	)			0476	76	- 1	19	1201	35
2	30. NAME AND ADDRESS OF PERSON WHE	COMPLETED CAUS	E DF DEATH (ITEN	1 27) (Type, Pr	int)	- 17.0			- 1		, -
	BSHER TOULEIMAT	MD 97:	33 НЕАГЛ	YAWH	DRIVE	BERLIN.	MD	21811			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE								
	SEP 2 2 1995 Juli Studen Redell										

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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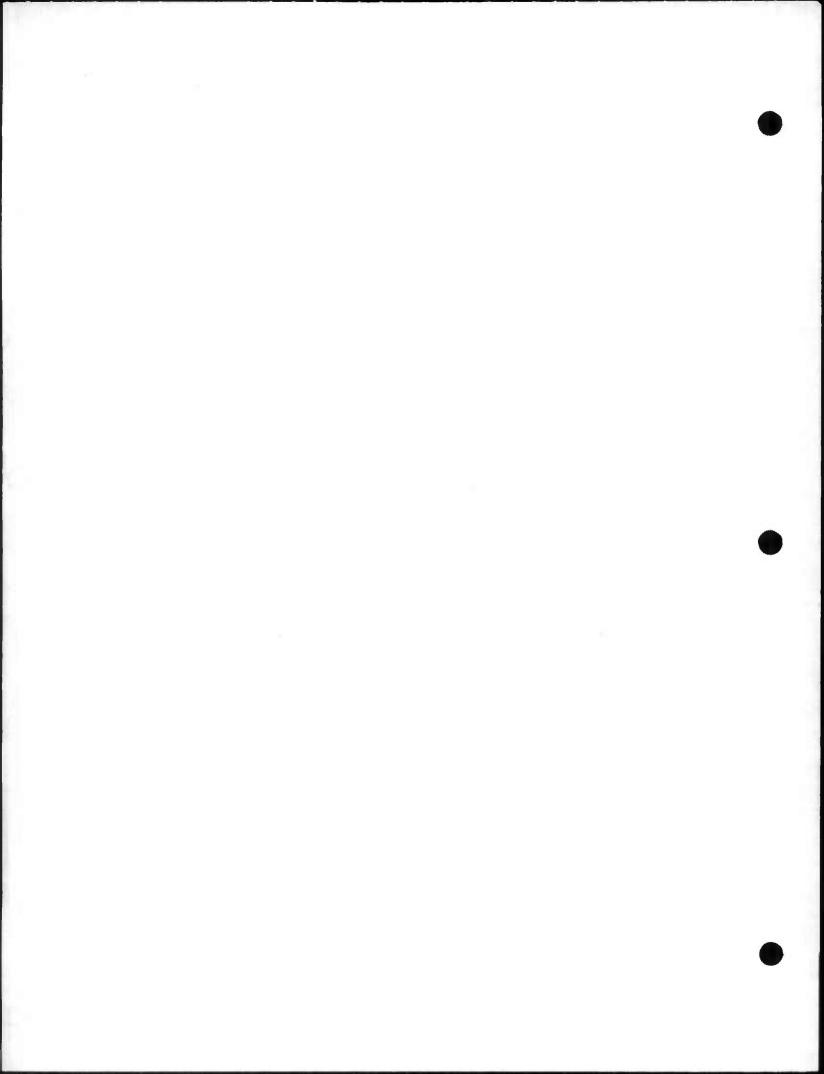
	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFIC			ENTAL HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle,		NSALL			2. DATE OF DEATH DA		3. TIME OF DEATH 3. 23 PM
	4. SOCIAL SECURITY NUMBER 214-20-1951	1 ☐ M 2 □ X F		F UNDER 1 YEAR	HOURS MIN	7. DATE OF BIRTH (Month, Day, Year) 07-15-192		BIRTHPLACE (State or Foreign Country) Maryland
OR	90. FACILITY NAME (If not institution, Westminster Nu	rsing Home		Westmi	R LOCATION OF DEA	ТН	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDEN  10e. STATE  10b. CC		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland C	arroll	W	estmins.				LIMITS?
FUNERAL	692 Skyline Way			744	21157		U.S.	A .
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Ricen, etc.)  14. RACE Black				RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo	N st of working	16b. KIND OF BUS	INESS/INDUS	TRY
<u>∞</u>	17. FATHER'S NAME (First, Middle, Las	*			16. MOTHER'S NAME	E (First, Middle, Maiden S	Sumame)	
BE	Edwin Arthur 190. INFORMANT'S NAME (Type/Print)		ter 196. MAILING A	222500 (2)		et Barbaro		
임	Charlene Fein	( 0000000 ) 10						21157-4636
	26a. METHOD OF DISPOSITION 1	Removal from State	20b. PLACE AND DATE OF cemetery, crematory or other		me of	DATE 20c. LOC	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE  SECURITION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	Jon Joseph	B, VanSant	State	-	Board-655		ltimore Street 21201-1559
	23. PART . Enter the diseasea, ahock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR A	sed the deeth. Do no n each line.			64 0515		, Approximate Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
CERT	resulting in death) LAST	d						
MEDICAL	PART II. Other algnificant cond	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO						24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CO	NTRIBUTE TO CAUSE	OF DEATH YES	□ NO □	UNCERTAIN			1 NES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 ☐ YES 2 DENO	HOSPITAL:		THER:		2000		
HY.	27. MANNER OF DEATH	1 □ Inpetient 2 □ ER/0	RY 26b. TIME	OF 28c. INJ	5 Residence 6	Other (Specify)	JURY OCCUR	ED
M 1 YES 2 NO								
ETED	3 Suicide 8 Could no 4 Homicide determine	ounding, arc. /:	JRY — Al home, farm, str Specify)	eet, factory, office	2	18f. LOCATION (Street as City or Town, State)	nd Number or I	Burel Floute Number,
29. CERTIFIER (Check only one)  29. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause one)  20. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and/or investigation, in my opinion, death occurred at the time, data and the cause of examination and or investigation, in my opinion, death occurred at the time, data and the cause of examination and or investigation.								use(s) end menner as stated.
IO BE	296. SIGNATURE AND TITLE OF CERT	Vopen	_mp		29c. LICENSE NUMB	443	29d. DATE SI	GNED (Month, Day, Year)
=	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (799. 3	est m	en Hi insteri	9+3 MG	2115	(TR
	SEP22 194	32 AEGISTRAR'S S	GNATURE GON RONGELL		,			

BALTIMORE. MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					OLITTI	OAIL	JI DEAIII	HE	G. NO.	
		1. DECEDENT'S NAME (First, Middle, Las		4	hur	-	2 /	2. DATE OF DE	DAY	YEAR 3. TIME OF DEATN
		4. SOCIAL SECURITY NUMBER	T				Saker	Segt		41
		Service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and th	5. SEX 6.		rs. lest birthday) YRS.	MONTHS DA	EAR IF UNDER 24 HRS.  NYS HOURS MIN.	7. DATE OF BIF (Month, Day,	Year)	B. BIRTHPLACE (State or Foreign Country)
pinc		242-18-9008  Se. FACILITY NAME (If not institution, give		77	THS.	AL OFFICE TO		10-17		North Carolina
3 should	œ						WN OR LOCATION OF D	EATN		UNTY OF DEATN
2,	CTOR	7620 Maple Avenu	le			10	akoma Park		SO	lver Spring
saties	DIREC	10e. STATE 10b. COUN			10c. CIT	, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
F.			ver Spring		Ta	.koma 1	Park			1 YES 2 NO
T per	¥	10s. STREET AND NUMBER					101. ZIP CODE	-	10g. CIT	TIZEN OF WHAT COUNTRY?
physician. burial-transit permit. Pages 1,	FUNERAL	7620 Maple Avenu					20912			U.S.A.
ourial-		1 Never Married 2 Married	12. WAS DECEDENT E	YES 2	NO	If yo	DECENDENT OF NISPA s, specify Cuban, Maxico	in, Puerto Rican,	city Yes or No-	14. RACE — American Indian, Black, White, etc.
the t	B	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	8	1 🗆	YES 2 X NO Specif	y:		specify: Black
r attending physician, use as the burial-trar	<b>a</b>	15. DECEDENT'S EC (Specify only highest gra		16	. DECEDENT'S			16b. KIND	OF BUSINESS/IN	DUSTRY
8 2	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	$\dashv$	life. Do NOT us	ork done durin e retired.)	g most of working			
he hospital detached fo once.	₩ I				Pre	sser		Dry	Cleanir	ng Business
det det	8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)	
od by	B		<del></del>							
5 should notified	2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILINO	AODRESS (St	reet and Number or Rural	Route Number, City	or Town, State, Zi	(o Code)
D age		20e. METHOD OF DISPOSITION		10h Dr	ACEANDRATE	FRIEDORITIO	N/A/			
e 6 may ector, pa must b		1 Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State		ACE AND DATE ( y, cremetory or at		N (Name or	DATE	20c. LOCATION -	- City or Town, State
Pag -		21. SIGNATURE OF FUNERAL SERVICE		B. (	VanSant	22. NAN	E AND ADDRESS OF FA	CILITY		
death. Pag tuneral di i. examiner		Brul Ac	1-	7		Star				Baltimore Street
		23. PART & Enter the diseases, o	complications that a	augad th	e deeth Do s	Km.	SUZ6-BALLE	nore, Mo	vrykana	21201-1559
filled in by th on, or remova		shock, or heart failure	. List only one cause	on aach	lina.	Ot Officer the	mode of dying, sec	ar aa carchac o	r respiratory ar	interval Between
Don,		IMMEDIATE CAUSE (Final disease or condition	arten	_	. 2		4 1	- 70-	ien Se	Onset and Death
completely fille ial, cremation,		resulting in death)	DUE TO (OF	AS A CO	HSEOUENCE OF	):		200	22	- game
8 9 3 6	z									İ
8 " O F	CERTIFICATION	Sequentially list conditions, if any, leading to immediata	DUE TO (OR	AS A CO	NSEQUENCE OF	):				
m 5 a.	2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C							
n certificate nding physi Hygiene pr or other t	별	that initiated events resulting in death) LAST	DUE TO (OR	AS A CO	NSEQUENCE OF	):				
the attend Mental Hy Ijury, or	Ä		d							
= 0 =		PART II. Other algnificant condition	ona contributing to da	ath but r	not reaulting I	n tha undar	lying causa given in		MAS AN AUTOPSY PERFORMED?	
that thar	EDICAL								YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	ME									1 YES 2 NO
has been Dept. of 1		DID TOBACCO USE CON	TRIBUTE TO CAUS					N 🗆		
PHYSICIAN: The lanthis certificate has with the State Depreted, or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		PLACE OF DEAT	H (Check only OTHER:	one)			
certific the S	ΥS	7ES 2 NO	1 Inpetient 2 ER			4 - Nursing	Home 5 Rasidence			
ATTENDING PHYSICIAN: The ECTOR: After this certificate his safter death with the State In 28 is marked, or Item		1 Natural 5 Pending	(Month, Day, )		26b. TIMI	JRY	WORK?	28d, DEŞCRIBE	NOW INJURY OC	CURED
After After death	BY	2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE OF IN	JURY —	At home farm a			261 LOCATION	(Steed and Mumba	or Rural Route Number,
TOR: A after d		4 Nomicide 6 Could not b	building, etc.	(Specify)		, 1001017,		City or Town		TO have house nomber,
BIO MON	COMPLETED	29s. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	knowledo	a death assum	d at the time	description and all the second and a	WALLEY AV	STERNIS	
N N N H	M M									ited.  The cause(s) and manner as stated.
FUNE withi		29b, SIONATURE AND TITLE OF CERNE					29c. LICENSE NUI			
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: I	BE	De Oc	Les	Ne.	>		208	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	290. UAI	TE SIGNED (Month, Day, Year)
FFE	5	30. NAME AND AGORESS OF PERSON W	/HO COMPLETED CAUSE (	OF DEATH	(ITEM 27) (Type,	Print)		. 0	PSH.	The inch i
		Doho	Taube	· que	8	2 (	2 w.sc	in Si	N	Ave
		SEP22 1905	22. REGISTRAR'S	SIGNATUI						
		oersa 1369	Jana arman		Vall					



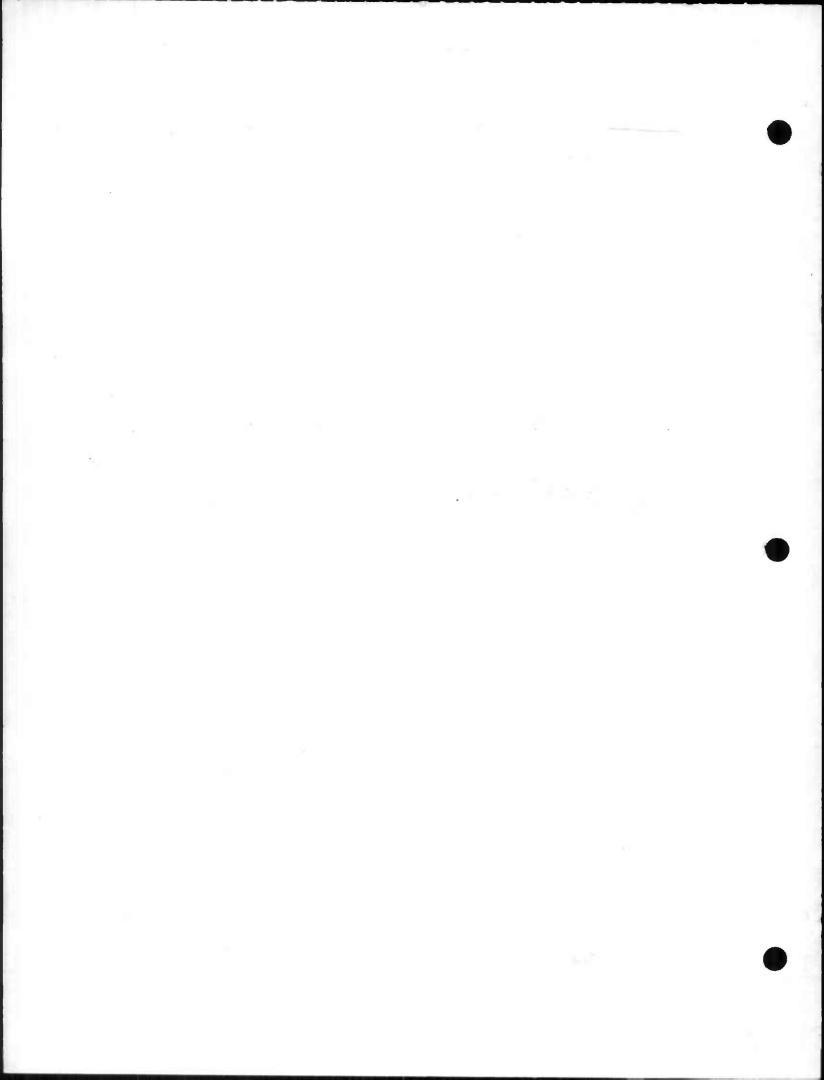
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	1. DECEDENT'S NAME ( Samuel	MITTITAM	PIIDNETT	2. DATE OF DEATH

1	1. DECEDENT'S NAME ( Samuel	LITE TAM		DIIDNI	mmm.		2. DATE OF DEATH SEPT. I	6,1995	3. TIME OF DEATH 2:12 a. M
	SAMMUEL	WILLIAM	OF # 1	BURN					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest	YRS. WONTHI	DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	0
	9e. FACILITY NAME (If not institution, give str	/\			V TOWN C	OR LOCATION OF DE	JULY 25, 1	962 19	ARY LAND
œ				1000			AIN /	SC. COUNTY OF	10
DIRECTOR	1827 LORMAN ST	•		B	ALTI	MORE		//	171
Ĕ	10e. STATE 10b. COUNTY	1 /4		10c. CITY, TOWN	OR LOCAT	ION			10d, INSIDE CITY LIMITS?
ā	MARVLAND	NIA		1	AL	TIMO	RE		1 YES 2 NO
AL	100. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL		RATOGA	- 51			210	223	US	SA.
2	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 1	ES 2 N	MED 1:	If you an	acify Cuben, Mexical	HC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No 14. RAC Black	CE — American Indian, ck, White, etc.
ВХ	3 Widowed 4 Divorced	IF YES, OIVE WAR O	R DATES		1 TYES	2 NO Specify	ε.	Spe	BIACK
	15. DECEDENT'S EDUC		18a. DEC	EDENT'S USUAL	OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUSTRY	12/10/1
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	IHe.	re kind of work don Do NOT use retired	()				10
COMPLETED	9THGRADE		Hol	ME IN	PRO	EMENT	T CONSTA	RUCTION	COMPANY
S	17. FATHER'S NAME (First, Middle, Last)		n				ME (First, Middle, Meiden	Surname)	- 12
BE	REMUS		NCK	RNET	T	ODES		13	UTLER
2	19e. INFORMANT'S NAME (Type/Print)	n 11-					Route Number, City or Tox		2 . 2 . 4
- 1	REMUS X	BURNE		38 W		ANKLIN	ST., BAL		,2/223
	20a METHOD OF DISPOSITION  1 M Burlel 2 Cremellon 3 Remo	rval from State	cometery, cree	ND DATE OF DISP	OSITION (NE	ETERV		CATION — City or 1	
ı	4 Donation 5 Other (Specify)	with the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of t	191, 2	10N1	2. NAME A	ND ADDRESS OF FA	9-21-95 S	SALIO,	190,
	2 7 7 W	V	7				WN JR. FUN	ERAL HOM	E,P.A.
_	ANDIN	M	\$						E, MD.21223
	23. PART & Enter the diseases, or dishock, or heart fellure.	pmplications that co	n asch lina	eth. Do not ent	er the mo	de of dying, suc	h aa cardiac or reap	iratory erreet,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final	(1-1	1	-1 I.		1 -1			Onset and Death
	disease or condition resulting in death)	5845	4000		C	hest			
		DOE TO (OR	AS A CONSEC	JUENCE OF):					
S	Sequentially flat conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
¥	if any, leading to immediate cause. Entar UNDERLYING								
프	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEC	OUENCE OF):					
CERTIFICATION	resulting in death) LAST	d							
	PART II. Other aignificant condition	a contributing to der	th but not r	equiting in the	underlyin	g cause given in	Part i. 24s. WAS AI	AUTOPSY 24	b. WERE AUTOPSY FINDINGS
<u>8</u>	Trait in outs against outside.		ar bar vior i	out the	a tioo tiy it	9 00000 9.7011 111	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL							1 YES	2 NO	OF DEATH?
2	DID TOBACCO USE CONTR	DIRLITE TO CALIS	E OE DEV	TH VES T	NO D	TINICEDTAI	ND		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	MOTE TO CAUS		E OF DEATN (Che		2 OLICENIAN			
PHYSICIAN:	EXAMINER?  1 XYES 2 NO	HOSPITAL:	/Outpetient 3	DOA 4 D	ER:	ne 5 (XResidence	8 Other (Specify)		
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJI	JRY	28b. TIME OF	28c. IN.	JURY AT	28d. DESCRIBE HOW		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	Month. Day, M	-95	0209 M	1 🗆	YES 2 MO	Subject	- sku55	ed
	3 Suicide 8 Could not be	28e. PLACE OF IN	JURY - At ho	me, farm, street, i	actory, offic	:0	281, LOCATION (Street City or Town, Stets	end Number or Rure	l Route Number,
E	4 Homicide determined	RG	(Specify) 2SI de no	ce			10	man st	Bullmore
P.E.	29e. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of my	knowledge, de	eth occurred at 1h	e time, det	e end place, and due	to the ceuse(e) end me	nner ee stated.	
COMPLETED	2021	R: On the basis of exemi	nation end/or	investigation, in m	y opinion,	death occured at the	time, date end place, e	nd due to the cause	e(e) and menner ee stated.
	29b. SIGNATURE AND THE OF CENTIFIER	100	//			29c. LICENSE NU	MBER	29d. DATE SIGNI	ED (Month, Day, Yeer)
BE		116	_			O.C.M.	E.	SEPT	. 16,1995
5	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE C	F DEATH (ITE	M 27) (Type, Print)			· <del>- 7</del>		
	David R F.	owler	111	Penn	Stre	et, Bal	Ltimore,	Maryla	nd 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						
	SEP9 2 1805	Julia Navileo	Radal						
	A TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF			-					DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing A hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	AY	YEAR 3. T	IME OF DEATH
	ROBERT HUGH BYERS,	SR.		7	SEPTEMBER		995	5:41 P M
	S. A. D. Library, Despite 1.	MONTHS DAYS HOURS MIN. (Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Morth, Day's Bours, Mo					8. BIRTHPLAC Country)	CE (State or Foreign
	238-12-1125 1 X M 2 G F	82 YRS.			MAY 13, 19			CAROLINA
e				OR LOCATION OF DE	EATH		TY OF DEATH	
2	3501 COOLIDGE AVENUE		BALTI	ORE		N/	A	
DIRECTOR	10e. STATE 10b. COUNTY	10c, C/1	Y, TOWN OR LOCA	TION			10d.	INSIDE CITY
급	MARYLAND N/A	BA	LTIMORE	LTIMORE				LIMITS? YES 2 NO
A P	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZ	EN OF WHAT	
FUNERAL	3501 COOLIDGE AVENUE			21229		IINT	TED ST	PATES
5	11. MARITAL STATUS  1 Never Married 2 To Married FORCES? 1	EVER IN U.S. ARMED	13. WAS DE	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		14. RACE — A	mericen Indian,
BY F	A IF YES, OIVE WAF	OR DATES	1 □ YE	NO Specify	n, Puerto Rican, etc.)		Black, Wh Specify:	
	1 01/03/44	- 04/18/40						HITE
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of ille. Do NOT u	WORLD OCCUPAT	ON ost of working	16b. KIND OF BU	SINESS/INDU	STRY	
7	Elementary/Secondary (0-12) College (1-4 or 5 +)	and the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contra			ammana			
COMPL	17. FATHER'S NAME (First, Middle, Last)	SELF E	MPLOYED	10 MOTHERS NA	SEWING ME (First, Middle, Meiden		INE SE	HOP
CC	ADLAI H. BYERS			VERGIE				
00	19e, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		HARTSE Poute Number, City or Tow		Podel	
5	NOLA BYERS				BALTIMORE			
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE					Ity or Town, S	
	1 Burlel 2 Cremetion 3 Removal from Stata 4 Donation 5 Dother (Specify)	MT. ZION U	M.C. CF		1	NELIU:		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY			
	11. US V.				UNERAL HOM			
$\vdash$	23. PART I. Enter the diseasea, or complications that of	eused the death. Do	3620	WILKENS A	AVENUE, BA	LTIMO	RE, MI	
	anock, or heart failure. List only one ceuse	on each line.	not enter the m	rue or uying, suci	n as cardiec or respi	iratory arre	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition   MENURAL ART ART ART ART ART ART ART ART ART ART							
	e. VENTRICULAR FIBRILLATION  Due to (or as a consequence of):							
-	CORONARY ARTERY DISEASE							
₽	Sequentially list conditions	CORONARY ARTERY DISEASE  OUE TO (OR AS A CONSEQUENCE OF):  ASCVD						1 - 1
S	CAUSE (Disease or Injury							201/2
CERTIFICATION	that initiated events DUE TO (O	R AS A CONSEQUENCE O	F):					
H	resulting in death) LAST	·	·					,
	PART II. Other significant conditions contributing to de	eth but not resulting	in the underlyin	g Ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WEB	E AUTOPSY FINDINGS
EDICAL			•		PERFOR	RMED?	AWAII	ABLE PRIOR TO PLETION OF CAUSE
					1 _ YES 2	NO NO		EATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAU	SE OF DEATH Y	S D NO F	LINICEDTAIN			1 10	YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEA		JOINCERIAN			1	
Sic	EXAMINER?  1 YES 2X NO  1 Inpatient 2 F	R/Outpatient 3 DOA	OTHER:	e 5X Residence	6 T Other (Create)			
PHYSICIAN:	27. MANNER OF OEATH 28e. DATE OF IN	JURY 28b. TiM	E OF 28c. IN	URY AT	28d. DESCRIBE HOW I	NJURY OCCU	IRED	
ВУР	1 Natural 5 Pending (Month, Day,	Year) IN.		YES 2 NO				
	3 Suicide 28e. PLACE OF I	NJURY — At home, farm,	street, factory, offic		28f. LOCATION (Street of	and Number of	r Rural Route I	Number,
핃	4 Homicide determined building, atc	(ареспу)			City or Town, State)			
7	29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurr	ed at the time, date	and place, and due	to the cause(e) end mar	mer se steled		
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of exer							manner ee stated.
	29b. SUSTATURE AND TITLE OF CERTIFIES			29c, LICENSE NUM			SIGNED (Mon	
BE	- agrino	3cr		D590				, 1995
2	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM 27) (Type	, Print)	2370		JEI	1. 21	, 1777
	RAYMOND D. BAHR, M.D. 34	55 WILKENS	AVE. R	M. 304. F	BALTIMORE.	MD 2	21229	
	21. DATSEP 2 T2 1995 SA COLUMN AST	S ATURE	,	3019				
	JET D W 1999							

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DIRECTOR

FUNERAL

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5 Injury,

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Shows

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Item ;

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MPORTANT: H

CERTIFICATION

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PHYSICIAN:

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95 28464 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATN 3. TIME OF DEATH 505 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. )1 🗆 M 2 📈 F YRS. 214-40-513 00 ano 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH KESWICK NURSING HOME BALTIMORE CITY N/A 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CITY 1 X YES 2 NO 10e. STREET AND NUMBER tot ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 700 West 40th Street 21211 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)
t YES 2 NO Specify: t D Never Married 2 Married Specify. 3 Widowed 4 Divorced **BLACK** 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ry/Secondary (0-t2) College (1-4 or 5+) 12th grade 4 years Teacher Education 17. FATNER'S NAME (First, Middle, Last) ts. MOTNER'S NAME (First, Middle, Maiden Surname) Robert Short Alexanna Short 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Loretta Watty 3300 Fairview Avenue, Baltimore, Maryland 21216 20g. METNOD OF DISPOSITION
1 N Burlai 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Mt. Zion 9/22 Baltimore, Marvland 4 Donation 6 Other (Specify) "WILLTAM"CS. OF BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, Approximats interval Between shock, or heart feliure. List only one cause on each line IMMEDIATE CAUSE (Final Onset and Desth disease or condition resulting in death) PHELIMONSIA 10-24-40 DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CENESOVASCULAL DISEME (DIFFUIE) COMPLETION OF CAUSE t TYES 2 NO PERPREAL NEWL TATHY Couse unichaid 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO 🕱 UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only of **EXAMINER?** OTHER:
4 Nursing Homa 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED t Natural 1 YES 2 NO Investigation Accident 28s. PLACE OF INJURY — At home, term, street, factory, office 3 Suicida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Nomicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CARTHEIN 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 12395 0 Distributed 17, 1991

700 W. 40 Th 5.

BART-MACE MY

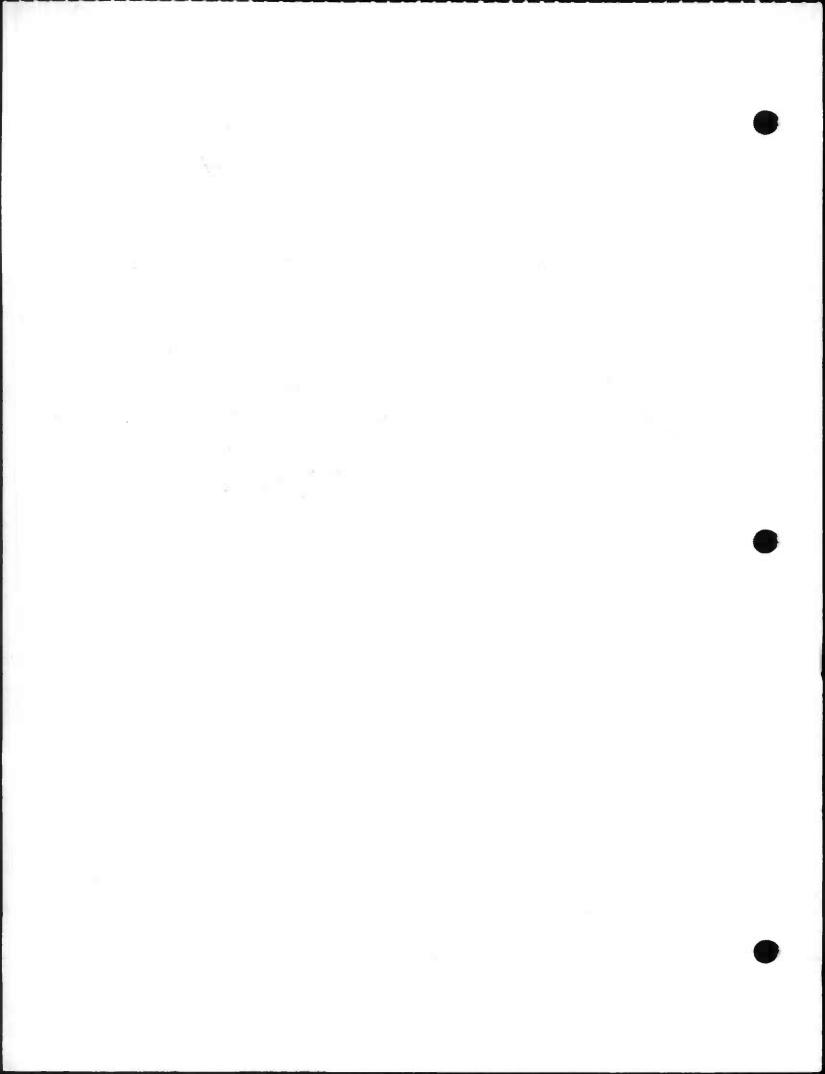


32. REGISTRAR'S SIGNATURE

KETWICK THE

in

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)



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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria		
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may b	or, page		ust be
Page 6	direct		ner m
death.	funera		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PA hou	/ filled	tion, or	the m
1 within	mpleteh	, crema	event,
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R	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYCIEME
ATE		HIGHERE
GISTRAR	CERTIFICATE OF DEATH	REG NO

	1 - STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN	E		
	DECEDENT'S NAME (First, Middle, Last)  Hazel Agnes Brady	DEATH	2. DATE OF DEATH MONTH Sept. 20 1995 4:02 P M					
	4. SOCIAL SECURITY NUMBER  212-07-8058  9. FACILITY NAME (If not institution, give street and number)  6. AGE (In yr.	75 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) NOV. 24,	0. 6		
OR BO	3508 Bay Drive			e River		1,000	imore	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore		own or locat				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
ALC	10+. STREET AND NUMBER		10t. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
	3508 Bay Drive  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.	S ADMED		21220	IIC ORIGIN? (Specify Yes		S.A.	
Β¥	1 Never Merried 2 Merried 3 Wildowed 4 Divorced  1 Never Merried 2 IF YES, GIVE WAR OR DATES	NO	It yee, spe		n, Puerto Rican, etc.)		Black, White, stc.  Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	e. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo:	N st of working	16b. KIND OF BU	SINESS/INDUST	RY	
MPL	Unknown	House	wife			Home		
	17. FATHER'S NAME (First, Middle, Last) Oscar Houser				ME (First, Middle, Maiden Rickel	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a		Route Number, City or Tow	n, State, Zip Coo	de)	
٥	Kenneth Brady	3508 E	Bay Dri	ve Mid			yland 21220	
	206. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  206. PLACE AND DATE Of DISPOSITION (Name of Party Crematory of what place) HOITY HIII Mem. Gardens 9/23/1995 Baltimore, MD.							
	21. SIGNATURE OF PUNISHED SERVICE CENTER	<u></u>			Funeral ern Ave.		P.A. MD. 21221	
CERTIFICATION	22. PART i. Enter the diseases, or capplications that caused the abook, or haert failure. If the only one cause on each immediate causes or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PRISEQUENCE OF:	iel v	- 1	tien	Iratory errest,	Approximate interval Between Onset and Dath	
CEL	d							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.   24a. WAS AN AUTOPSY PERFORMED?   1   YES 2   XNO					RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							
SICI	EXAMINER?  1 YES 2 X NO  HOSPITAL: 1   Inpetiant 2   ER/Outpetle		THER:	a 5 Realdence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 6 Pending Investigation	28b. TIME C	Y WC	URY AT PRK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be datermined 4 Homicide datermined  28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)						Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledgene)  2 MEDICAL EXAMINER: On the basis of examination as						ause(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	India	Mo	29c. LICENSE NUI	MBER 725	29d. DATE SI	GNED (Month, Day, Mear)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ALLWIS KOLODNY, MID	9/0	FRA	WKLIN S	J. M. BAI	J. NI	102123)	
	SEP 2 2 1995 July Studier Red	JRE /				V 0		

BALTIMORE, MARYLAND 21215-0020

vurial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

COMPLETED

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									95	2	8466	
	FOR 1 - STATE REGISTRAR	STATE OF MARY				HEALTH AND	MENT/	AL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)	•				DEATH	2. DAT	E OF DEATH			3. TIME OF DEATH	
	MILDRED D.				DENSK	г	MON	PT. 21 1995			11:56 A M	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest I		IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DAT	E OF BIRTH	133			
	216-28-1447	1 DM 2 DF	64	YRS.		IONTHS DAYS HOURS MIN. (Month, Day, Year)					PLACE (State or Foreign	
DIRECTOR	9a. FACILITY NAME (If not institution, give a		9h CITY TOWN	Aug. 23,1931					aryland			
	Saint Joseph M											
	Saint Joseph Medical Center Towson Baltim								nore			
H	10a. STATE 10b. COUNT	Υ		10c. CITY	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?	
	Md. Bal	timore			Parkvil	le					1 YES 2 NO	
AL	10e. STREET AND NUMBER					of, ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?		
<b>E</b>	8509 Willow Oak	Ave.			21234				U.S.A.			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARM	ED	13. WAS DI	CENDENT OF HIS	PANIC ORIG	IN? (Specify Yes	or No	14. RACE	American Indian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF				It yes, specify Cuban, Maxican, Pu			Puerto Rican, etc.)		, White, atc.	
	-1041	1									White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	(G/ve	18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDU					DUSTRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. L	ille. Do NOT use retired.)			- 1					
M	12th	N/A	Boo	ok Ke	eeper			Auto G		Comp	oany	
	17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Maiden Surname)											
BE	Edward W. Moran	<u> </u>						ebecca				
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								2.4			
	Mr. James A. Bordenski, Sr. 8509 Willow Oak Ave. Parkville, Md. 21234											
	20s. METHOD OF DISPOSITION  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  20c. LOCATION — City or Town,								wn, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	22. NAME AND ADDRESS OF FACILITY Hartley Miller							meral	Ното		1: / T	
	My D	Smith				Harford					24	
	23. PART Enter the diseases, or	complications that cause	sed tha deat	th. Do n	ot antar the m	oda of dying, s	uch as car	rdiac or reapi	ratory ar	rest,	Approximate	
	anock, or neart reliure. List only one cause on each line.										Onset and Death	
	disease or condition Motactatia Carcinome days to Constitution								Months			
	DUE TO (OR AS A CONSEQUENCE OF):									Months		
2	Respiratory Failure								Days			
IFICATION	Sequentially ilst conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
3	cause. Enter UNDERLYING CAUSE (Disease or injury	G.										
E	that initiated eventa											
CERT	resulting in death) LAST											
	DATT II Other significant condition continuity to											
8			· but not res	outing i	ii dia dilacityi	ng cause given	m ran i.	24a, WAS AN PERFOR		240.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ED	1 U YES 2 NO COMPLETION OF CAUSE OF DEATN?											
Σ	1 YES 2X NO								1 - YES 2X NO			
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO L UNCERTAIN											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  26. PLACE OF DEATN (Check only one)  OTHER:  1 Description 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
YS	1 TYES 2 NO			-	4 - Nursing Ho	me 5 🗆 Residenc	7			_		
	2?. MANNER OF DEATH  1 X Natural 5 Pending	(Month, Day, Year	(Y r)	286. TIME	URY W	JURY AT ORK?	28d. DE	SCRIBE HOW I	NJURY OC	CURED		
B	2 Accident Investigation				M 1 🗆	YES 2 NO						

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DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO K UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 Despetient 2 ER/Outpetient OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 1 YES 2 NO 2 Accident
3 Suicide 28s. PLACE OF INJURY — At home, term, street, taclory, office building stc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 4 Homicide

29a. CERTIFIER (Check only one) 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner ee stated.

investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated, 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,

D 28982

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Erlando Romero, M.D., St. Jos. Med. Ctr., Towson, Maryland 21204

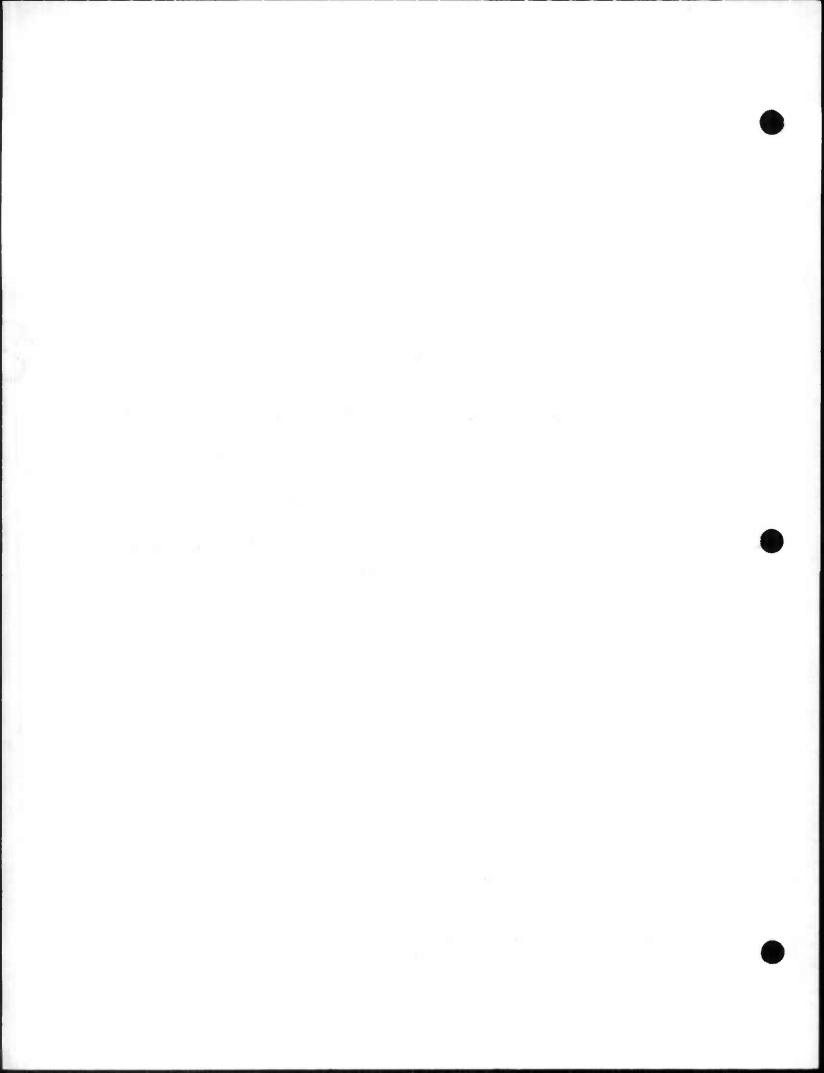
m.p.

31. DATE FILED (Month, Day, Year) SEP 2 2 1995 32. REGISTRAR'S SIGNATURE

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TO OF	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	<b>HYGIENE</b>
		C	ERTIFICATE	0	F DEAT	'H		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			GIENE 3. NO.				
	1. DECEDENT'S NAME (First, Middle, La Bernhard	W.	Bi	Buehner			ATH DAY 20,199	YEAR	TIME OF DEATN  11:30 A M		
DIRECTOR	4. SOCIAL SECURITY NUMBER 214-01-5901	5. SEX 6. AGE (	78 YRS.	MONTHS DAYS HOURS MIN.			7. DATE OF BIRTIN (Month, Day, Year) 6. BIRT 12-23-16		CE (State or Foreign		
	9a. FACILITY NAME (If not institution, g 6620 Kenwood		96. CITY, TOWN OR LOCATION OF DEATH ROSedale				9c. COUNTY OF DEATH Baltimore				
	RESIDENCE OF DECEDENT  10a. STATE 10b. COI  MI)		10c. CIT	10c. CITY, TOWN OR LOCATION ROSedale				100	d. INSIDE CITY LIMITS? YES 2 [X] NO		
FUNERAL	100. STREET AND NUMBER 6620 Kenwood Av	ve.	I	10	21237		10g. CITIZEN OF WHAT COUNTRY? USA				
COMPLETED BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES									
	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	(Give kind of a life. Do NOT us	Give kind of work done during most of working le. Do NOT use retired.)				m Cork & Seal				
	17. FATHER'S NAME (First, Middle, Lest Frederick Buel		PII.	ELLICATI	18. MOTHER'S NA Cathei		Maiden Surname)	IK & St	eal		
TO BE	19a. INFORMANT'S NAME (Type/Print) Ronald Paul			nd Number or Rural I t Rd. Bal			(p Code) 1237	= = =			
	20e. METHOD OF DISPOSITION  1 □ Burlel 2 □ Cremation 3 □  4 □ Donation 5 □ Other (Specify)	Ramoval from Stata ceri	netery cremetory oco Metro Ci	rematory		9-22					
	21. SIGNATURE OF FONERAL SERVIC	S KILL	V	22. NAME AND ADDRESS OF FACILITY  CVach/Rosedale Funeral Home 1211 Chesaco Ave.							
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused this death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approximate interval Between Onset and Death disease or condition resulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Approximate interval Between Onset and Death 3 month.  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
	PERFORMED?  1 YES 2 NO OF D							I ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   ZV   NO   UNCERTAIN   UNCERTAIN    28. PLACE OF DEATH (Check only one)										
ву РНУ	27. MANNER OF DEATN  17 Netural 5 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF 100 28c. INJURY AT WORK? 1 YES 2 NO			E HOW INJURY O	V INJURY OCCURED			
0	3 Suicide 6 Could not be 4 Homicide 6 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)							te Number,			
COMPLET	29a. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated.										
BE	29b. SIGNATURE AND TITLE OF CER	TIFIER	Ju U	صعا	29c. LICENSE NU ID24303			9-21-9	onth, Day, Year)		
TO	l	M.D., 1576 Me	erritt B	. Print) Lvd. Bal	timore, N	① 2122	22				
	31. DATE FILED (Month, Day, Year) SEP 2 2 1995	32. REGISTRAR'S SIG	_						DHMH-16 Rav 1/89		

v  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If Item 23 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

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	Item7,g-728,10-4-95	.perf.hdk					95	28468	
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Herman Co	2. DATE OF DEATH MONTH		1 4 4 4 7 5 4					
	4.86CIAL SECURITY NUMBER 213-16-6526	1 M 2 - F	yrs. last birthday) 8 / YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF PURTUE (Month, 22	8. BH	ATHPLACE (State or Foreign unity)	
TOR	90. FACILITY NAME (If not institution, give str	5 Pilal		13a	en Location of D		9c. COUNTY O	P DENTH	
DIRECTOR	100. STATE 10b. COUNTY	NA	10c. CIT	SGITI	more			10d. INSIDE CITY LIMITE? TEL YES 2 \( \square\) NO	
FUNERAL	27/7 Baker	- 5+	-		2121	6	(	F WHAT COUNTRY?	
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO If yes, specify Cubpn, Mexicen, Puer 1 YES 2 MO Specify:					or No— 14, Ri	ACE — American Indian, ack, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  19a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  CIVIL SERVICE  19b. KIND OF BUSINESS/INDUS  (Give kind of work done during most of working life. Do NOT use retired.)								
BE COI	17. FATHER'S NAME (First, Middle, Last)  KODEFT COOK  18. MOTHER'S NAME (First, Middle, Maiden Surname)  SGEAD COOK								
101	180. INFORMANT'S NAME (TyperPrint)  Lawrence a. Cook 3108 Cambridge Drive Battoma								
	20e. METHOD OF DISPOSITION  1 Device 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  20e. LOCATION - City or Town, Blate  1 Device 2 Cremation 3 Removal from State  20e. LOCATION - City or Town, Blate  20e. LOCATION - City or Town, Blate  20e. LOCATION - City or Town, Blate								
	21. SIGNATURE OF AMERICA SERVICE LICE	J. Ku	11	222	eph L	outh Que	Funer	al Home	
	IMMEDIATE CAUSE (Fine)	omplications that caused lat only one cause on ea	cn line.		de of dying, aud	ch as cardiac or reapi	ratory arreat,	Approximate interval Between Onset and Death	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 PNO 06								
N: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN								
SICI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 TO NO  26. PLACE OF DEATH (Check only one)  OTHER:  4 Nursing Home 6 Residence 6 Other (Specify)								
ED BY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF NJURY AT WORK?  28d. INJURY AT WORK?  28d. DE\$CRIBE HOT					W MJURY OCCURED		
						et and Number or Rural Route Number, ite)			
COMPLET		IAN: To the best of my knowle : On the besis of examination						e(e) end menner es stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	couldn't			29c. LICENSE NUI	MBER 9819	29d. DATE SION	ED (Month, Day, Year)	

2401 W. Belvereleve 31. DATE FILED (Month, Day, Year)
SEP 2 2 1995

 BALTIMORE, MARYLAND 21215-0020

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE	OF DEATH			3. TIME OF DEATH		
	Hazel (	Colbert				Sept			95	0435	М
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.						OF BIRTH	8.	BIRTH	PLACE (State or Foreig	gn
1	[219-30-7644   1□M 첫답한 83 YRS.   11   11-18-							1	Country	PA	
	So. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									EATH	
0	Deaton Nursing Home Baltimore n/a										
2	RESIDENCE OF DECEDENT									10d, INSIDE CITY	-
SIR	100									LIMITS?	
7	10e. STREET AND NUMBER	Darcimore						10a CITIZEN	OF W	1 TYPES 2 NO	)
ER/	915 Appleton St. 212										
FUNERAL DIRECTOR		12 WAS DECEDENT EVED IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Yee		US.	- American Indian.	_
BY F	1 Never Married 2 Married	FORCES? 1 YES	2 52 NO TES	If yee, sp	2 NO Speci	an, Puerto R	lican, etc.)		Black Specif	, White, etc.	
	3 Tythdowed 4 Divorced				252					Blac	alt
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	16a. DECEDENT'S U (Give kind of wo	rk done during mo	ON st of working	16b.	KIND OF BUS	NESS/INDUS	TRY		
E		College (1-4 or 5+)	life. Do NOT use	,							
MP	12th		Dom∈	stic			Homen				
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, M	fiddle, Malden S	lumame)			
BE	Eural Franklin						hingt				
9	190. INFORMANT'S NAME (Type/Print)				nd Number or Rural						
	Alvin T. Washi										44
	Alvin T. Washington 740 E. Rittenhouse Philadelphia, PA 19144  20a. METHOD OF DISPOSITION  1 Surfer 2 Cremetion 3 Removal from State Commetter, cremetory or other place)  20b. PLACE AND DATE OF DISPOSITION (Name of Commetter), cremetory or other place)										
	Scale   2   Cremetion   3   Removal from State   Cemetery, crematory or other place   Arbutus   9/25   Baltimore, MD										
	James A. Morton & Sons Funeral Home										
	James	a. Ma	ton	1701	Laure	ns S	t. Ba	1to.	. 1	4D 21217	
	23. PART I. Enter the diseases, or construct, or heart feliure. Listing IMMEDIATE CAUSE (Fine)	mplicetions that caused at only one ceuse on ee	the deeth. Do no ch line.	t enter the mo	de of dying, aud	ch aa cerd	lec or respir	atory arrest	•	Approximate Interval Betw Onset and D	veen
	disease or condition resulting in death)  s. Pressure uleer  Zulki,										
	DUE TO (OR AS A CONSEQUENCE OF):										
S	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CALLSE TO INDUS.  Additional Constitution of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Abdonice	l'ables	1						3 40	7
띮	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					-		Jisu.	
E	resulting in deeth) LAST	trial initiated events									
	0.	7,00,000	7 7 7 7								
¥	PART II. Other significant conditions	contributing to death bu	t not resulting in	the underlying	ceuse given in	Part i.	24a. WAS AN A		24b.	WERE AUTOPSY FINDS	NGS .
	reprie alcer dis e	are with gas	ple best	orapor			1   YES 2	No		COMPLETION OF CAUS	BE
MEDIC	Depression.									1 UYES 2 THO	
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAI	N 🗆					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPÍTAL:	6. PLACE OF DEATH								
PHYSICIAN:	1 TYES 2 THO	☐ Inpetient 2 ☐ ER/Oulpa		OTHER:	5 🗆 Residence	8 🗆 Other	(Specify)				
F	27. MANNEN OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT RK?	28d. DES	CRIBE HOW IN	JURY OCCUR	ED		
B⊀	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO						
COMPLETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— Al home, farm, str. (y)	eel, fectory, affice		281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	des death servered								
M		On the beals of examination									,
		Z Sammaton		my opinion, or			piece, and		-		d.
띪	296. SIGNATURE AND TITLE OF CERTIFIER	16			29c. LICENSE NUI	MBER		29d, DATE SI	Option	(Myfreth, Day, Warr)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUGE OF THE	THE STEAM OF STREET	T-at	2770	120		- 4/	26/	193	
	30. NAME AND ROPHESS OF PERSON WHO CONTROL POLLEY, MICH.	D. 29 S. P.		al/mo	e, Md.	2120	7	-	/		1
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNA									
1	SEP 2 2 1995	Juli Studier &	and the								- 1

Pages 1, 2, 3 should

permit.

use as the burial-transit

be detached for

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SEP 2 2 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FERRO, MO

REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	0	0 5	
	M	32	1
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-14 hours after dea	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	웊	5 \$	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH CRISTOBAL Sept. 2:10a CASTRO 20 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BURTH 8. BIRTHPLACE (State or Foreign (Month, Day, Yes 1-1-38 DAYS HOURS 57 YRS. XXM 2 DF 053-30-7084 Puerto Rico 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris at Mercy Hospital Baltimore n/a RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Turners Station 1 YES 2 2000 FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 306 Pine St. 21222 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Ricen, atc.)

1 17 XES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 TRerried BY 3 Widowed 4 Divorced Specify: Puerto Rican Hispanic COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 pr 5+) Maintenance Housing Authority 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 70 Cristobal Castro BE Anna Curbelo notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Millie Castro 175 Chestnut St. Balto., MD 2 20a. METHOD OF DISPOSITION

XX Burial 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must ery, crematory or other place)

. Zion Cemetery 4 Donetion 5 Other (Specify) 9/23 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons Funeral Home amer 1701 Laurens St. Balto., Md 21217 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mods of dying, such as cardiac or respiratory arrest, allock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition Metastatic Lung Can conevent, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? any 1 TYES 2 NO OF DEATH? Shows 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES X NO UNCERTAIN U 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL OTHER 1 YES 2 NO 1 Dipatient 2 ER/Outpatient 3 DOA 4 □ Nursing Home 5 □ Recidence 8X□ Other (Specify) HOSPICE 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 8 Could not be ED 4 Homicide 28 E Item 29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the films, data and piece, and due to the cause(e) and menner se stated. COMPL = TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurad at the films, date end place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Dr. Domons

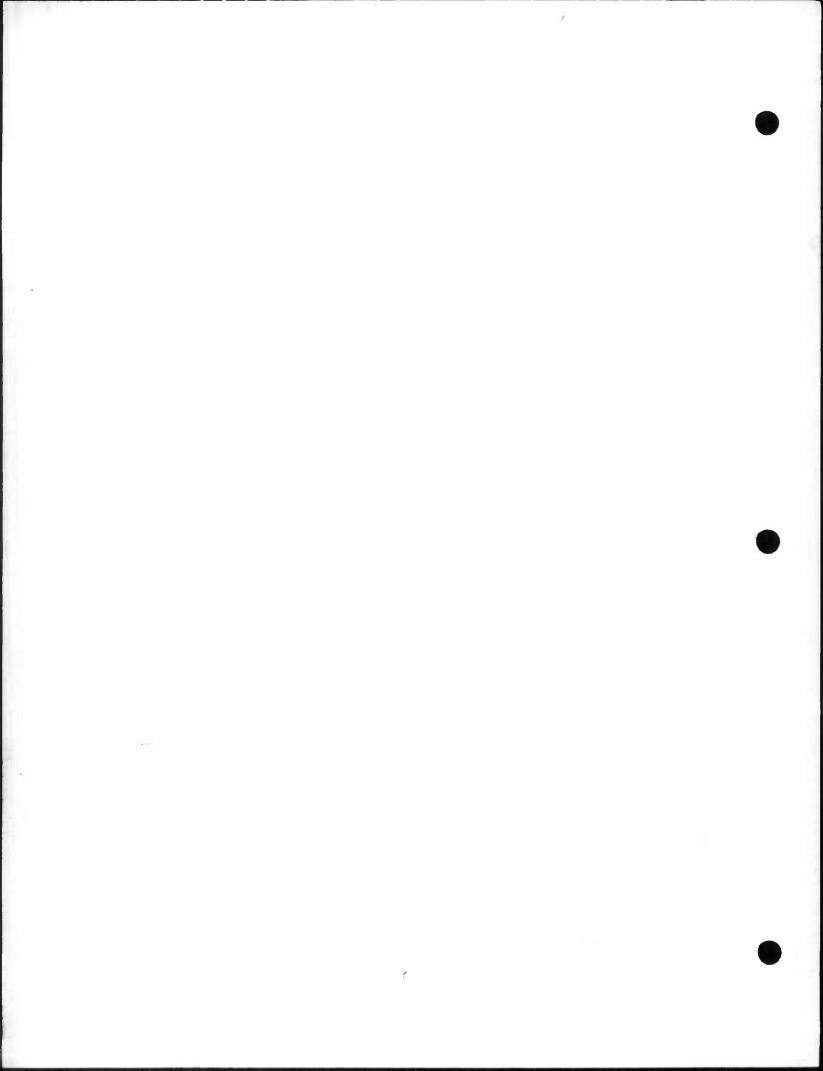
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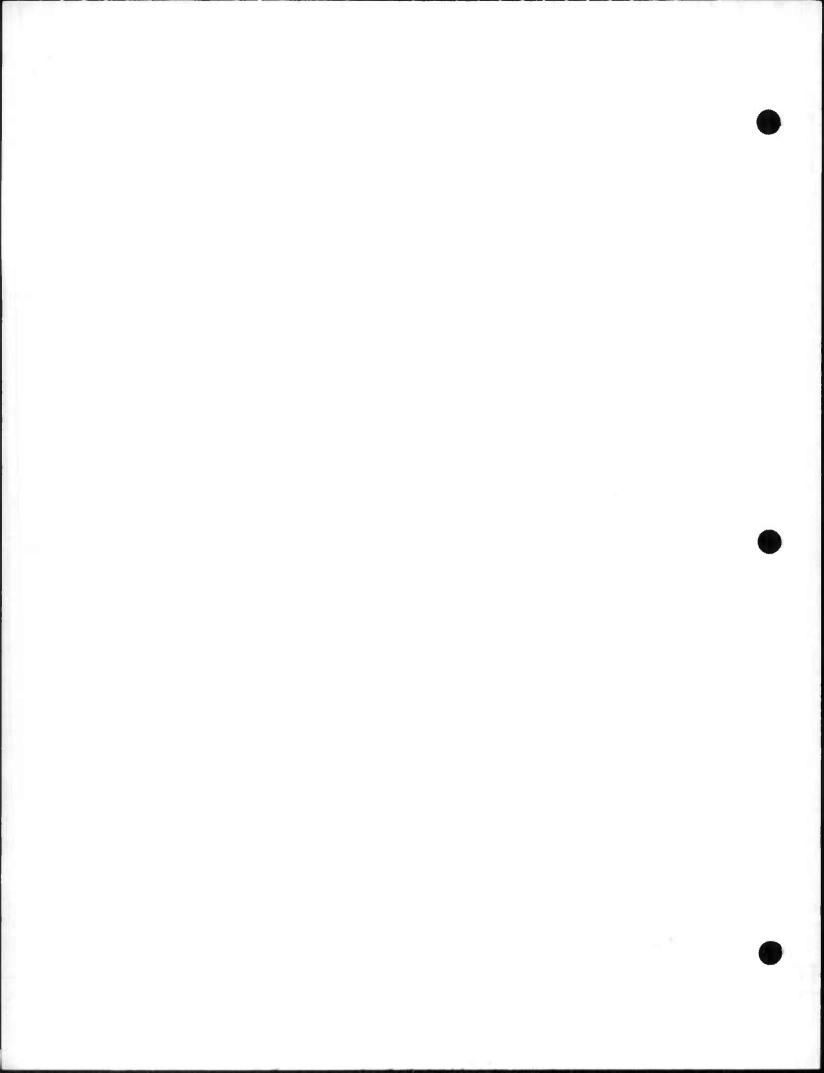


FOR

BALLIMORE, MARYLAND	ours after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detached	ir removal.	nedical examiner must be notified at once.	
STATE OF STATE OF STATE OF SOLO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

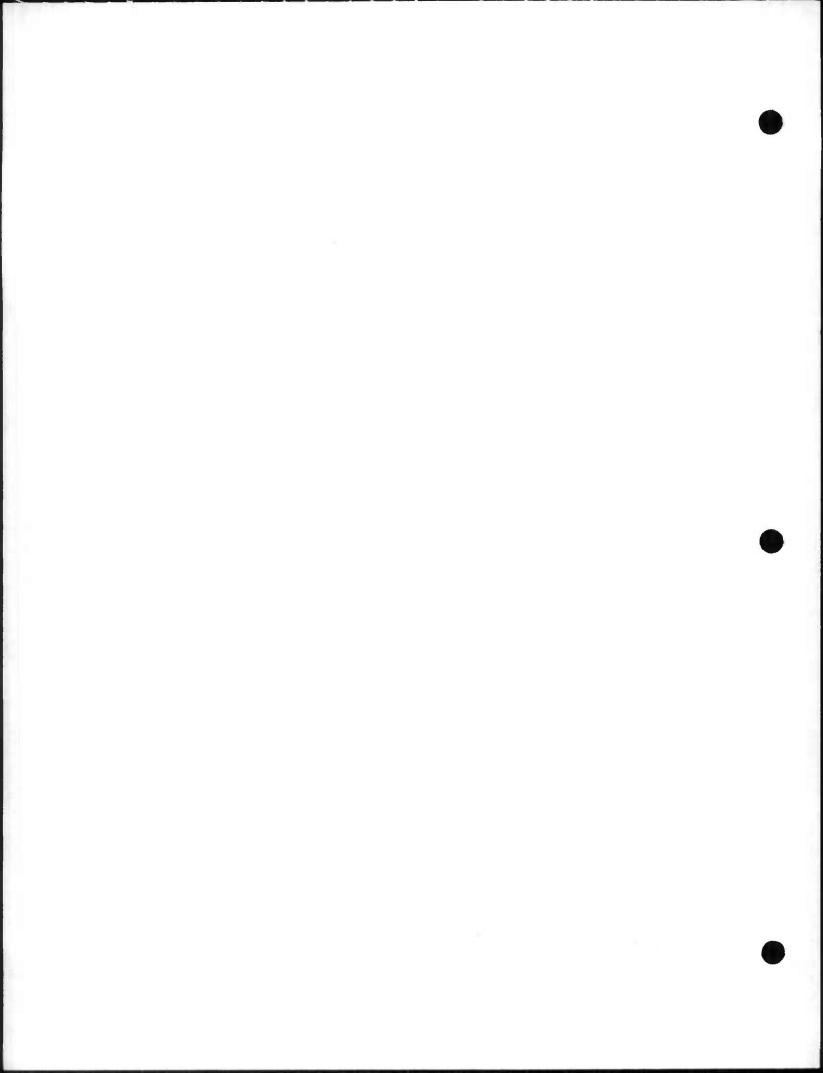
	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF	DEAT	H	HEITINE II	EG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Less	)	Malme						2. DATE OF MONTH	DEATH		YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. less		IF UNDER	1 YEAR	IF UNDER	24 HRS.	SEPTE	BIRTH	41,		4:00 A. M
	114-16-2678	1 🗆 M 2 🗓 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	JUNE	4,19	03	Countr	POLAND
DIRECTOR	90. FACILITY NAME (If not institution, give street and number)  ANNE ARUNDEL MEDICAL CENTER  9b. CITY, TOWN OR LOCATION OF GEATH  ANNE ARUNDEL MEDICAL CENTER  ANNAPOLIS  9c. CDUNTY OF DEATH  ANNE ARUNDEL												
E C	RESIDENCE OF DECEDENT									10d. INSIDE CITY			
	MARYLAND ANNE ARUNDEL				VERNA								LIMITS?
FUNERAL	6 SULLIVAN DRIVE				101	2114				10g. CIT	U.S.A	VHAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEOENT EVER IN U.S. ARMI FORCES7 1 YES 22 NO IF YES, GIVE WAR OR DATES				1 1	If yes, spe	ENDENT O	F HISPAN n, Mexicar Specify.	IC ORIGIN? (S. n. Puerto Ricer	pecify Yes n, etc.)	or No-	14. RACE Black Speci	American Indian, t, White, etc.
	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DE(	CEDENT'S	Work done of	CCUPATIO	ON st of workin	o .	16b, KIN	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	6TH GRADE	College (1-4 or 5	)		se retired.) L ATI				HEA	LTH	CARE		
8	17. FATHER'S NAME (First, Middle, Last)						7.1		ME (First, Middl		Surname)		
BE	IVAN KRENTZY							-	A DUBE				
5	190. INFORMANT'S NAME (Type/Print)  RICHARD K. CHALM	MERS							oute Number, C EVERNA			,	1146
	20a. METHOD OF DISPOSITION 1   ☐ Burlel 2 ☐ Cremation 3 ☐ Rei	moval from State	20b. PLACEA	ND DATE	OF DISPOS	ITION (Na	me of	_	DATE	20c. LOC	CATION —	City or To	wn, State
	A Doneston 5 Other (Specify) ROSE HILL CEMETERY 9/25 BUTLER, PA.												
}	M. Thea	22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229											
	23. PART I. Enter the diseases, Di	complications the	t caused the dea	ith. Do i	not entar	the mod	de of dyi	ng, such	aa cardiac	or respir	ratory an	reat,	Approximate
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)										Interval Between Onset and Death ( Week		
z	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
SE	CAUSE (Diseese Dr injury that initiated events	C. DUE TO	OR AS A CONSEQ	UENCE OF	P)c								
ERI	reaulting in death) LAST	d.											
	PART II. Other significant condition	ons contributing to	death but not re	gnitlue	in the un	derlying	cause o	iven in F	Part I. 24s	WAS AN	wroesy	260	WERE AUTOPSY FINDINGS
DICAL	Hepa		Lusis							PERFORM	MED?	-	MAILABLE PRIOR TO COMPLETION OF CAUSE
ME											0,110		1 VES 2 -NO
ä	DID TOBACCO USE CON	TRIBUTE TO CA	USE OF DEAT	H YE	S 🗆 N	10 🗆	UNC	ERTAIN					13. a. a. a. a. a. a. a. a. a. a. a. a. a.
<u>5</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-53111150515	-	OTHER								
PHYSICIAN:	1   YES 2   NO 27. MANAGER OF DEATH	1 5 Inpatient 2 E		DOA 200. TIM	4 🗆 Nurs	ing Home		idence f	□ Other (Spr		uaurau	2011211	
_	1 Metural 5 Panding	(Month, Di			URY	WOR		NO	294. DESCRIE	IE HOW IN	JUHY OC	COMED	
D B	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF	F INJURY — At how etc. (Specify)	ne, farm, s	street, facto				28f. LOCATION	N (Street as	nt Number	or Runsi A	oute Number
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Civilian of Villat neconds, r.o. box 88100	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag

	1. DECEDENT'S NAME (First, Middle, Last) Araminta Rullman Carter									MONT		DAY	YEAR	3. TIME OF DE	HTA
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	Cremation Society of Maryland, Inc.														
	299 Frederick Rd. Baltimore, MD 21228														
]	23. PART i. Enter the diseases,	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest.													
	Snock, or haart tallure. List only one cause on each line.										liac or reas	oiratory an	reat,	Approxi	
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ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent cond  Chruic  Langly fun  DID TOBACCO USE CO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ONO.  27. MANNER OF DEATN  1 Natural 5 Pending Investigat  2 Accident 3 Suicide 8 Could not determine	a.  B. 84  c. d.  Ittions contribute  O 5 + + + + + + + + + + + + + + + + + +	ONE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  TAL:  Innt 2   I  DATE OF IN  Month, Day,  PLACE OF building, at	PR AS A CC  OR AS A CC  OR AS A CC  OR AS A CC  OR AS A CC  OR AS A CC  INJURY  INJURY  IC. 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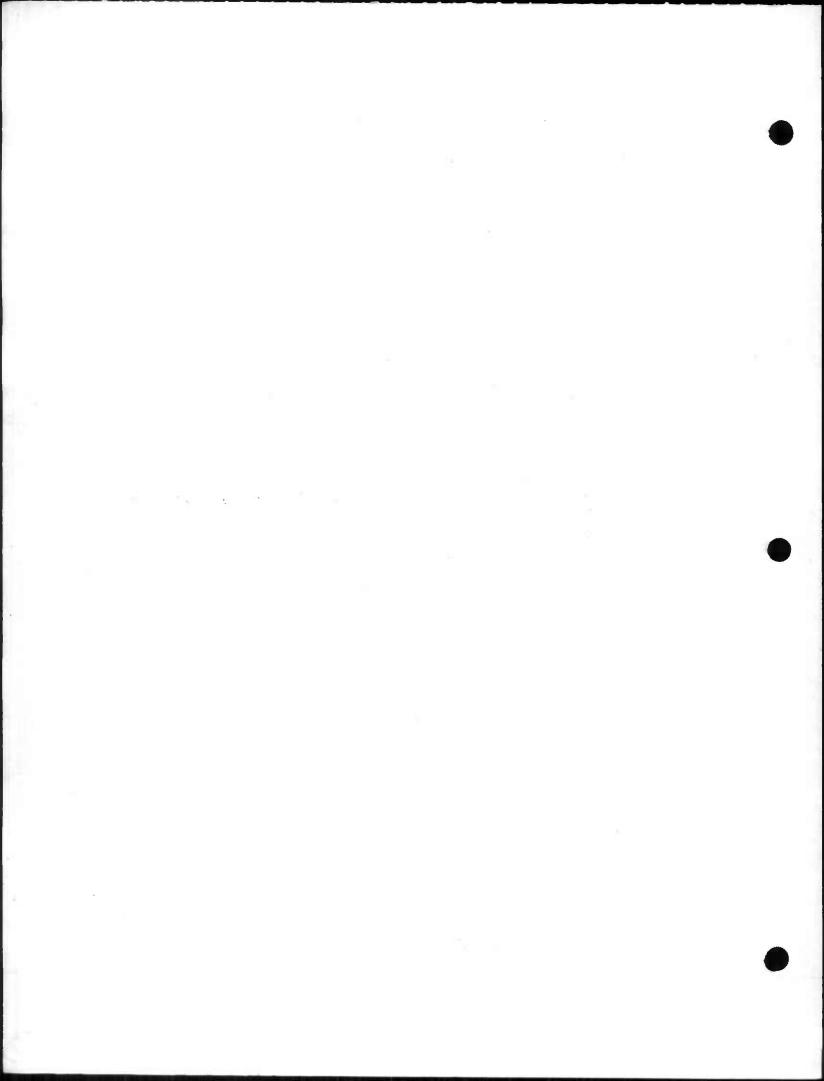
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. withing hours after death. Page 6 may be retained by the hospital or attending physician.

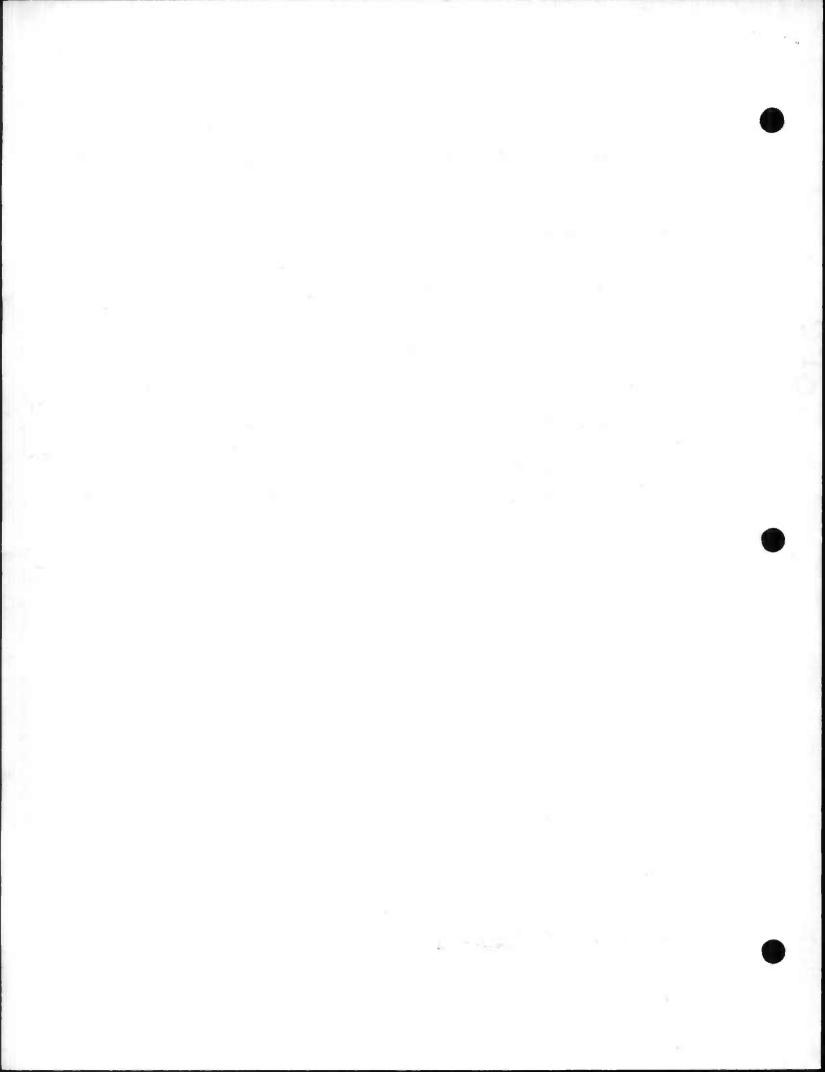
STATE OF MARYLAND / DEPARTMENT OF HEALTH A	AND MENTAL HYGIENE
CERTIFICATE OF DEATI	H REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AN		L HYGIENI REG. NO.	=				
	1. DECEDENT'S NAME (First, Middle, Last)	Altred	Dav	18	2. DATE	OF DEATH	- 100	3. TIME OF DEATH			
	214-04-5403	5. SEX 8. AGE (In y	YRS. lest birthday) IF U	IDER 1 YEAR IF UNDER 24 HAB DAYS HOURS M	IN. 7. DATE	OF BIRTH th, Day, Year)	955	MRTHPLACE (State or Foreign Country)			
OR	90. FACILITY NAME (II not restriction, give street and number)  4102 Penhurs + Avenue  Baltimore							9c. COUNTY OF DEATH  NA			
DIRECTOR	10a. STATE 10b. COUNTY	NA	10c. CITY, TOY	on or location .			10d. INSIDE CITY LIMITS? 1 VYES 2 NO				
	10e. STREET AND NUMBER		15		10g. CITIZEN	OF WHAT COUNTRY?					
FUNERAL	11. MARITAL STATUS: 1 Shever Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF N If yes, specify Cuban, N 1  YES 2 NO				RACE — American Indian, Black, White, etc.			
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade)	CATION 16	Se. DECEDENT'S USUA	-37. (5	1112	b. KIND OF BUS		Black			
COMPLETED	Elementary/Secondary (0-12)  Grade	College (1-4 or 5+)	life. Do NOT use retir	der	4	ongst	ore man	~			
BE CO	17. FATHER'S NAME (First, Middle Last)	,5		18. MOTHER	S NAME (First,	Middle, Maiden	Surname)				
TO B	190. INFORMANT'S NAME (Type/Print)		402	Penhust	Aural Route Nun	nber, City or Town	r, Stele, Zip Coo	10) 71215-			
	200. BLACE AND DATE OF DISPOSITION — City or Town, State  200. PLACE AND DATE OF DISPOSITION (Name of place)  200. PLACE AND DATE OF DISPOSITION (Name of place)  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, State  200. LOCATION — City or Town, Stat										
	21. SIGNATURE OF FUNERAL SERVICE LIC	D. D.	the	22. NAME AND ADDRESS OF HIS OF W	of FACILITY	The A	re. F	21215 216 Hld			
	23. PART liventer the displace, or c shock, or heart failure. I IMMEDIATE CAUSE (Final	List only one cause on aaci	h iina.				ratory arrest,	Approximata Interval Between Onset and Death			
	immediate Cause (Final disease or condition reaulting in death)  a. ACGUSTA Immun Strangy Syntdoms  QUE TO (OR AS A CONSEQUENCE OF):										
NOI	Sequentially list conditions, our TO OR AS A CONSEQUENCE OF										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events out to (or as a consequence of):										
CERTI	reaulting in dasth) LAST	d									
SICAL	PART ii. Other significant condition	s contributing to dasth but	not resulting in th	s undariying cauaa giv	en in Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF	DEATH YES	NO D UNCER	RTAIN 🗆			1   YES 2   NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		. PLACE OF DEATH (C								
YSI	1 YES 2 NO	1   Inpatient 2   ER/Outpati	lent 3 DOA 4 D	Nursing Nome 5 Treatd			u busiu sasus				
ву Рн	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 N		ESCRIBE HOW I	NJURY OCCUR	ED			
8	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify		tactory, office	28t. LO	CATION (Street of yor Town, State)	and Number or I	Rural Route Number,			
COMPLET	(Check only	CIAN: To the best of my knowled R: On the besie of exemination s						suse(a) and manner as stated.			
<b>BE</b>	296. SIGNATURE AND TITLE OF CEPTIFIER	ca Bust	M	29c. LICENSE NUMBER 29			29d. DATE SI	GNEO (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  KEDECA BURD MO 3100 TOWARD AUR BALLO, NO 2125										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE				7				



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

		1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR CERTIF	RTMENT OF H	HEALTH AND	MENTAL HYGIE				
		1. DECEDENT'S NAME (First, Middle, Last)  MARY	105		DANIEI		2. DATE OF DEATH	8 19	95 9:50		
should			10 M 200 F 76	yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1919	BIRTHPLACE (State or For	reign	
1, 2, 3 sho	CTOR	Saint Joseph Me		ter	Tows	OR LOCATION OF DE	EATH		y of DEATH timore		
Pages	DIRE	108. STATE 108. COUNTY	Timores	10c. CIT	BARKY	TION			10d. INSIDE CITY LIMITS? 1 - YES 2 1		
n. ansit permit.	VERAL	1729 REDWOO			101	H. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
215-0020 attending physician. Ise as the burial-transit	BY FUNER		12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE		If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	'es or No 14	4. RACE — American India Black, White, etc. Specify:	in,	
12 a 21	LETED			16a. DECEDENT'S (Give kind of vitte. Do NOT us	S USUAL OCCUPATION work done during moise retired.)	DN ast of working	16b. KIND OF B	USINESS/INDUS	STRY		
LAND the hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)		AT J	Hons	18. MOTHER'S NA	HOUSE AME (First, Middle, Maide				
MARYL retained by t 5 should be notified at	BE	JOHN A. GR	i BBIO	196. MAJLING	G ADDRESS (Street )	and Number or Rural	Route Number, City or To		165R	17/	
	0	CSCCS S. DA	nists	1729	ROW OF DISPOSITION (Na	0000 Air	5 PARK	OCATION — CH	MARYLAN	0	
IMOR		Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNETIAL SERVICE CIDEN	al from State	tery, crematopy, or g	other place)	ZAL	9-21 B	ALT. M	RE MARY	ano	
BALTIMORE, after death. Page 6 may be averal. cal examiner must be		1 Know	fourth.		EVA	NO ADDRESS OF FAC NS CHA DO HAR	FORD RO	15 WO	Rist		
hours aft in by or reme		23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, Dr heart failure. List only one ceuse on each ilne.  Approximate interval Between Onset and Death Course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course									
within within pletely cremati		disease or condition resulting in death)	acute Myoc			ction		1,			
X 68 execu	rion	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE O	PF):						
e by	ERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE O	<b>(F)</b> :						
S, P death death entail Herntail H	CERT	resulting in death) LAST									
~ - > > -	MEDICAL	PART II. Other eignificent conditions of	contributing to death but	not resulting i	in the underlying	g cause given in	0.0000	N AUTOPSY ORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?	ro	
Sh of sh	N: ME	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF	DEATH YE	ES 🗆 NO 🎖	UNCERTAIN			1 TES 2 X NO	0	
T He He He	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1	26. HOSPITAL: LA Inpetient 2 ER/Outpetie		OTHER:	ne 5 🗆 Residence	- C 04 - Co. 44		1		
NG PHYSICIAN: ther this certificates the with the Standarked, or it		27. MANNER OF DEATH  1 X Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	20b. TIM	NE OF 28c. INJI	JURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUP	RED		
ISION TTENDING TTOR: After after death 28 is ma	TED BY	2 Accident Investigation 3 Suicide e Could not be datermined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, s		YES 2 NO	281. LOCATION (Street City or Town, State	t and Number or	Rural Route Number,		
로 걸 전 도	COMPLET		AN: To the best of my knowled On the basis of axamination s							nted.	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIER  Matrid & J. J.	h Leon, n	m.25.		20c. LICENSE NUM	MBER		HGNED (Month, Day, Year)		
	5	30. NAME AND ADDRESS OF PERSON WHO C Natividad D. De							7 7 6 7 7 5		
		31. SEP 2 2 1995 K.I.	32. REGISTRAR'S SIGNATU	URE	IOLK	Rd., To	wson, Mo	1. 21	204		

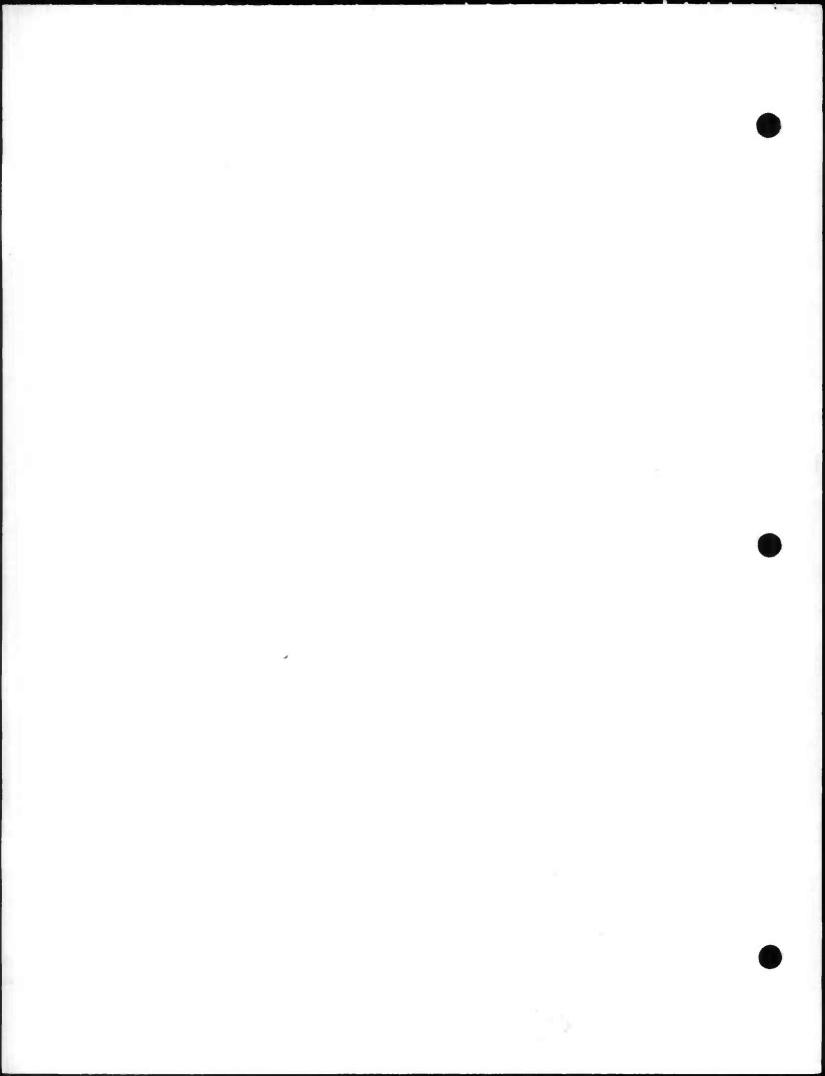


TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT	OF H	EALTH AND	MEN	ITAL HYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last) ERIC ANDRE	DYER					1 10	pate of OEATH DA	20 1	YEAR	3. TIME OF DEATH 3:00P M	
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year)								8. BIRTHE Country	PLACE (State or Foreign	
R	96. FACILITY NAME (If not institution, give street and number) PERRYPOINT HOSPITAL PERRYVILLE, MD PERRYVILLE, MD PERRYVILLE, MD											
CTC	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	RESIDENCE OF DECEDENT										
DIRECTOR	MARYLAND	n/a	10c. CITY	TOWN OR	ALTI	MORE			,		10d. INSIDE CITY V LIMITS? 1 YES 2 NO	
FUNERAL	4863 GREENCREST	ROAD			101.	21206				TED	STATES	
BY	1 Never Married 2 Married	R. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DAT RMY 10-16-74	2 NO	lf 1	yes, spe	NOENT OF HISPA city Cuban, Mexico NO Specia	en, Pu	RIGIN? (Specify Yea orto Rican, atc.)	or No—	Black,	- American Indian, White, etc. "BLACK	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT use CLERIC	ork done du s retired.)	CUPATION uring mos	N I of working		166. KIND OF BUS		FICE		
OM	17. FATHER'S NAME (First, Middle, Last)	yeai	CLLKIC	nL.		18. MOTHER'S NA	AME (F	irst, Middle, Maiden S		1102		
BE C	EDWARD DYE	RII				JOAN	Q	UICKLEY	- NE	LSON		
5	19a. INFORMANT'S NAME (Type/Print) I NEZ DYER		19b. MAILING 4410	ADDRESS (	Street and RANC	ONIA	Pour DR I	Number, City or Town VE apt.F	, Stete, Zij	Code) ALTIM(	ORE,MD# 06	
	20e. METHOD/OF DISPOSITION 1 Burlel 2 Commetton 3 Remove 4 Dogston 5 Other (conce)	Come State come	PLACE AND DATED TOWNS CV I			METERY	1			City or Tow	m, Stata E, MARYLAND	
	SELECULAR MALTIN	ez: No	LINO	WM	1. C		H F	H1101			H AVENUE	
4	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List any one cause on each line.											
	immediate cause (Final disease or condition resulting in death)  . Mycobacterium Avium Intracellular Infection									Onset and Death 3 months		
NO	DUE TO (OR AS A CONSEQUENCE DF):  Terminal Acquired Immune Deficiency Syndrome  DUE TO (OR AS A CONSEQUENCE DF):										3 years	
FICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEDUENCE OF):										
AL	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 X NO											
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	LITE TO CALLER OF	DEATH VE		0 0	III LOPPETAL		,		,	YES 2 NO	
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		B. PLACE OF DEAT			UNCERTAI	N L					
YSIC	1 □ YES 2 X NO	OSPITAL: Inpetient 2 ER/Outpet		OTHER: 4 - Nursin		5 🗆 Residence	6 🗆 (	Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		BC. INJUI WOR	RY AT IK?	28d.	DESCRIBE HOW IN	JURY OC	CURED		
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, atreet, factory, effice building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)									ute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 💢 CERTIFYINO PHYSICIAL (Check only one) 2 🗌 MEDICAL EXAMINER: D										and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		21			29c. LICENSE NUI					Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHD CO	OMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)		D	420	114	Se	eptem	per 20,1995	
	SURINDERPAL SODHI,			ERRY	POI	NT, MD	219	02				
	SEP 2 2 1995	32 REGISTRAR'S GNAT	URE 4									



3. TIME OF DEATH

REG. NO

MARYLAND 21215-0020 BALTIMORE, FOR

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last

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Donoho 2. DATE OF DEATH DAY -21 - YEAR ora september 16:40 PM 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 6. AGE (in vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS MONTHE HOURS MIN 85 1 M 2 X F YRS. Aug. 28, 1910 212-28-4725 Massachuetts permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR 900 Caton Avenue21229 Baltimore Na 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Arbutus 1 YES ZE NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 5604 Ashbourne Road 21227 detached for use as the burial-transit United States Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5 +) 12 comptroller retail sales 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at James A. Morris Mabelle Poor BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David W. Donoho 5604 Ashbourne Road Arbutus, Maryland21227 90 20e. METHOD OF DISPOSITION
1X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, Parkwood Cemetery tion 5 Other (Specify) 9/25 Baltimore, Maryland examiner 22. NAME AND ADDRESS OF FACILITY ours after death. Ambrose Funeral Home, Inc. Arbutus a 1328 Sulphur Spring Road 21227 filled in by the Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. medical 23. PART i. Enter the disesses, or interval Between Onset and Death IMMEDIATE CAUSE (Finel the Myo cardial Infarction
DUE TO (DR AS A CONSEQUENCE OF): disesse or condition completely resulting in death) event, crem burial, Severe Pneumonia traumatic PHYSICIAN: MEDICAL CERTIFICATION Seguantisity list conditions, 2 if sny, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury the attending provid Mental Hygiene f or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO Coronary ortery COMPLETION OF CAUSE shows any disease Signed Health a 1 TYES 2 THO OF DEATH? 1 TYES 2 LAND 6 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN I has be Dept. 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL h the State C item HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF with is marked, Natural 1 YES 2 NO After the death v BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED DIRECTOR: hours after 28 4 Homicide determined Hem AE HOSFA. 29a. CERTIFIER
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner ea stated. TO THE FUNERAL OF THE FUNERAL DE DE filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the beels of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) DO2062 BE Samih Tarroun M.D. > september 21-95 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) St. Agries Hospital 900 cation AVE BALTIMOREMD. 21229

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SAMIH JARJOUR

3. REGISTRAR'S SIGNATURE

			JAMES P	EUBANKS					MONTH 9	20	95	3 AM	
_			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	VIDE MOI	UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	1041	Country)		
	should		219-26-9347 9a. FACILITY NAME (If not institute	tion, give street and number)	54	1111	CITY, TO	WN OR LOCATION OF D	Mar. 1,	1941	MARY TY OF DE	LAND	
	23	0 R	1367 N. Calhou				BALT	IMORE CIT	Υ		/A		
	ges 1,	DIRECTOR	RESIDENCE OF DECED  10a. STATE 10b	D. COUNTY		10c. CITY, TO	WN OR LO	DCATION				IOd. INSIDE CITY	
	permit. Pages 1,		MARYLAND	N/A_		BALT	IMOR	RE CITY			1	LIMITS?	
	sit per	RAI	1367 N. Calh	oun Street				101. ZIP CODE 21217		10g. CITIZEN OF WHAT COUNTRY?		AT COUNTRY?	
5-0020	attending physician. se as the burial-transit	BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merr 3 Widowed WX Divorced	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF YES 2 X	MED	If yes				14. RACE - Black,	- American indian, White, etc.	
215	r attendi	ED	15. DECEDER	NT'S EDUCATION hest grade completed)	16a. DE	CEDENT'S USU	AL OCCUP	PATION	16b. KIND OF BI	JSINESS/INDU		DLACK	
21	the hospital or detached for ur once.	COMPLET	10th grade	College (1-4 or 5 d	⊦) Ille	borer	done durin fred.)	g most of working	Shipy	ard			
LAI	by the be deta		17. FATHER'S NAME (First, Middle, James Irvin						AME (First, Middle, Maide	n Surname)			
MARYLAND	5 should b	38 C	19a. INFORMANT'S NAME (Type/P	Print)	19	o. MAILING AO	RESS (Str		Bailey Route Number, City or To	wn, State, Zip (	Code)		
Ξ	~ w ≥	5	Audrey I. Har	ris					ltimore. M	arylar	d 21	239	
ALTIMORE,	after death. Page 6 may be y the funeral director, page moval.  cal examiner must be		20a. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 4 Donation 6 Other (Spe		20b. PLACE	MATEOFDI	SPOSITION Place)	al Park		DOCATION — C			
TIM	death. Page tuneral din I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  WILLIAM C. BROWN COMMINITY F/H										
BAL	the fun		· (1)97	Deour	ł.		120	6 W. NORTH	AVENUE	ATIA L	/H		
			23. PART I. Enter the disest abook, or heart	sea, or complications tha fallure. List only one cau	se on each line		nter ths	mods of dying, suc	ch as cerdiac or reep	olratory arre	st,	Approximate Interval Between	
	P B III		IMMEDIATE CAUSE (Final disease or condition	Non:	SMALL	Call	2 4	ng Ca	NCFR			Onset and De	
292	completely ial, cremati event, ti		resulting in death)	OUE TO	(OR AS A CONSE	DUENCE OF):							
09289	and o bur	ON	Sequentially list conditions		(OR AS A CONSE	DUENCE OF:						-	
	prior tra	CAT	If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury	, c								İ	
o	he death certificate the attending physical Mental Hygiene principle, or other the principle of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE OF):							
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OF	PHYSICIAN: The this certificate h with the State I rked, or Item	РНУ	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED										
NO	UDING PHYS : After this of death with	BY	2 Accident Invest	tigation 28s. PLACE O	F INJURY — At ho	me, farm, street		YES 2 NO	281. LOCATION (Street	and Number of	r Bural Bou	de Number	
	28 afte	ETED	_ COUN	mined building,	atc. (Specify)		,		City or Town, State	)	THOI BY THOU	ie rearribe.	
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	TO THE HOSPI TO THE FUNER DE filed within	BE	SIGNATURE AND TITLE OF C	theil.				29c. LICENSE NUI	MBER 50	DATE DATE	20	95	
		2								1	100		

PLETEO CAUSE OF DEATH (ITEM 27) (Typo, Print)
EIL, 22 S. GREENE

CERTIFICATE OF DEATH

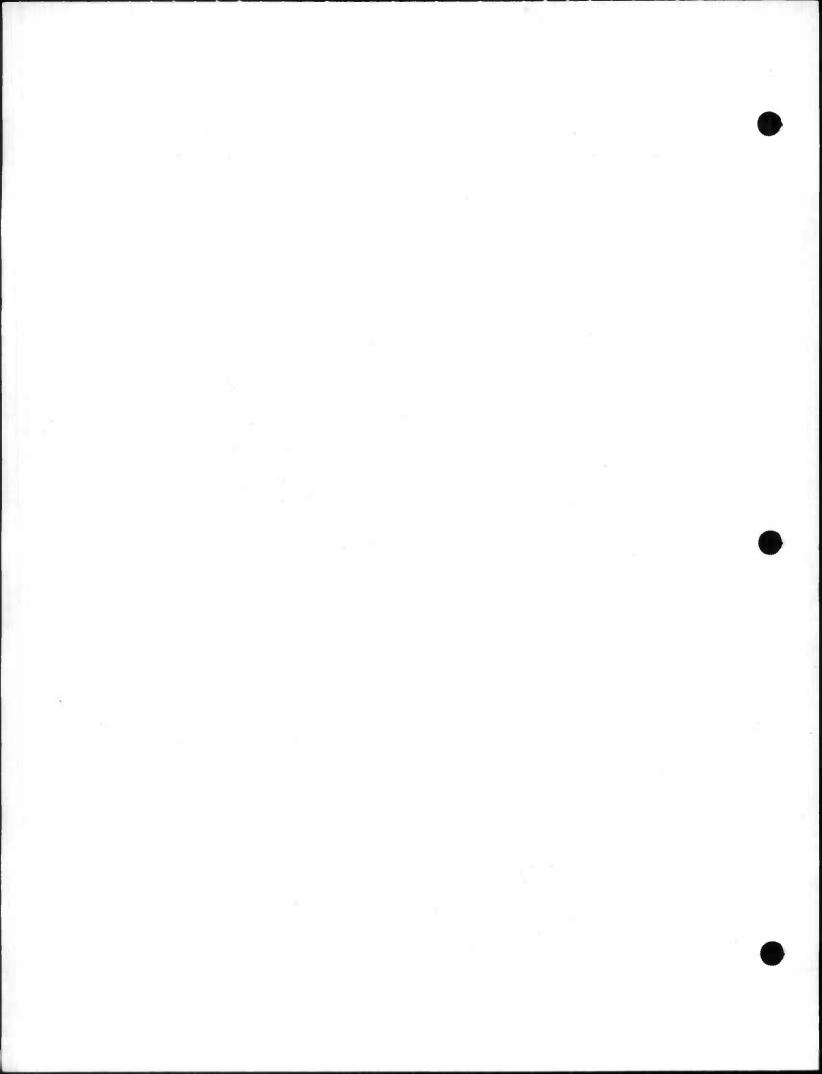
FOR STATE REGISTRAR

104n 31. DATE FILEO (Month, Day, Year)
SEP 2 2 1995

1. DECEDENT'S NAME (First, Middle, Last)

95 28477 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3 AM 7. DATE OF BIRTH (Month, Day, Ybar) 8. BIRTHPLACE (State or Foreign MARYLAND 1941 9c. COUNTY OF DEATH N/A 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. NIC ORIGIN? (Specify Yea or No— en, Puerto Rican, etc.) 14. RACE — American indian, Black, White, etc. Specify: BLACK 16b. KIND OF BUSINESS/INDUSTRY Shipyard ME (First, Middle, Maiden Surname) Bailey Route Number, City or Town, State, Zip Code) timore. Maryland 21239 DATE 20c. LOCATION — City or Town, State 9/23 | BALTIMORE, MARYLAND COWN COMMUNITY F/H **AVENUE** h as cardiac or reepiratory arrest, Approximate Interval Betwe Onset and Death NCER 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO

DHMH-16 Rev 1/89



Page 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21215-0020

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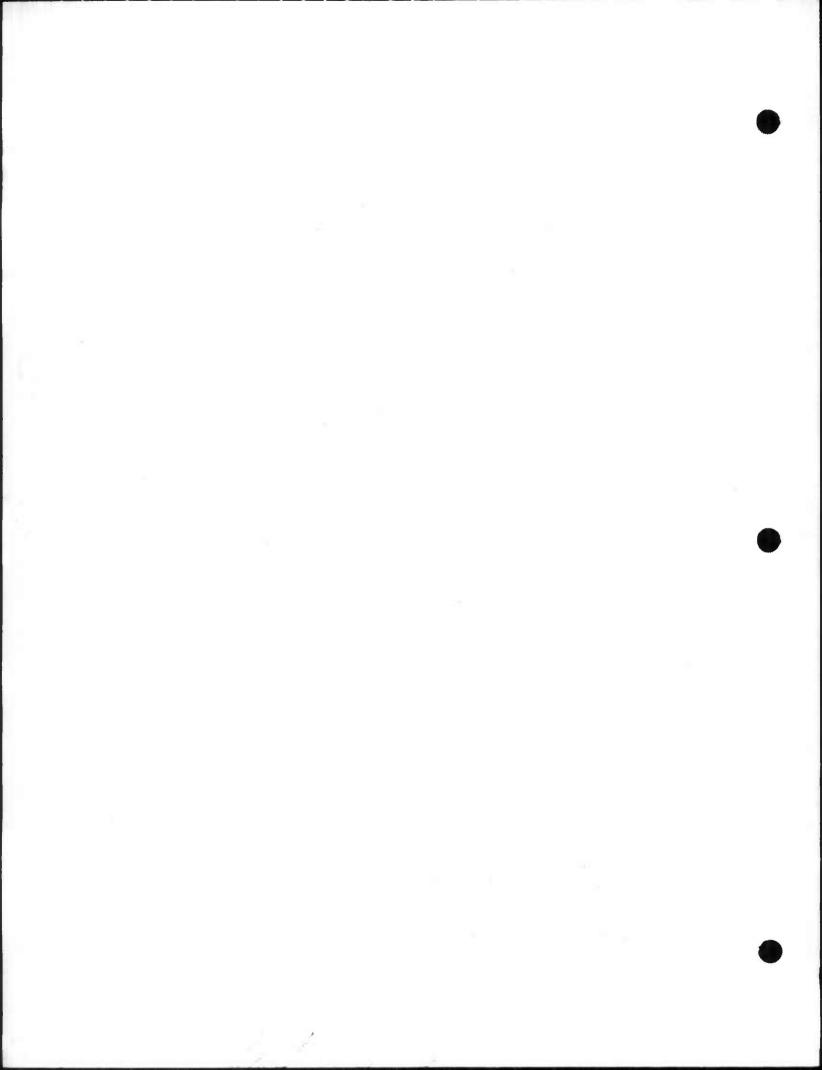
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

n by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should remoal. hours after death. filled in by t attending physician and completely fille mal Hygiene prior to burial, cremation, executed with certificate be requires that the death the atten Mental h signed by the certificate has been h the State Dept. of I HOSPITAL OR ATTENDING PHYSICIAN: The law with t DIRECTOR: After the hours after death v FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR KATHERINE FLASHMAN September 19 1995 08:30 a 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) SCPT 23, IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 213-14-9898 1 🗌 M 2 💟 I YRS. Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MA MD. BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4308 Norwood Rd 21212 USA WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: Β¥ 3 Wildowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Home Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ARTHUR KATHERINE UNKNOWN HARLES BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Frederick S STREET Suite 1400 Balto, Md. 21202 KOONTZ 20e, METHOD OF DISPOSITION
1 M Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) SIZZIGS 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State cemetery, cramatory or other place)
NEW CATHEDRAL CEMETERY BALTO, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY EVANS CHAPEL of CHIMES 2325 YORK RD. TIMODIUM, Md. 21093 مصحم 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Cerebrovascular Accident reaulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 700 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 LNO 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) and menner on stated. besis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2



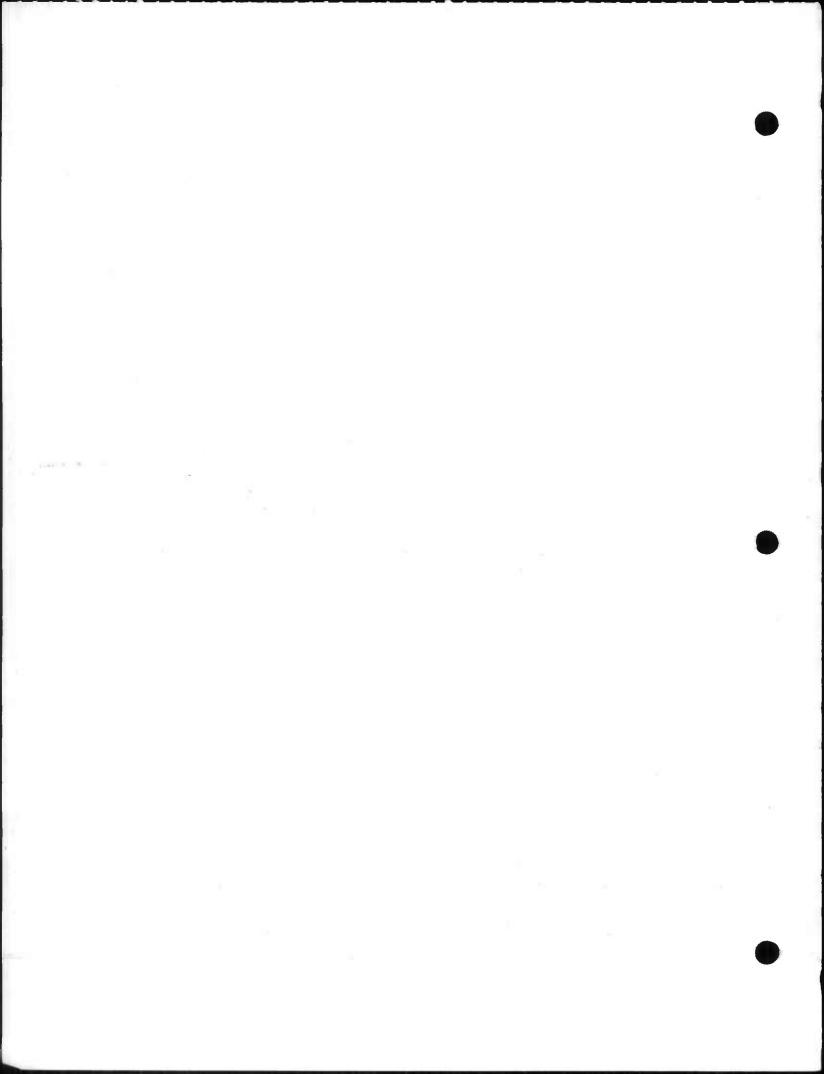
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY VEAR 05: 45A N										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leet birthday)   F UNDER 1 YEAR   F UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, Year)   48   8. BIRTHPLACE (State or Foreign Country)   14   15   13   14   15   14   15   14   15   14   15   15										
CTOR	96. FACILITY NAME (If not institution, give street end number)  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH										
DIREC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 \( \text{\$\subset\$ Y \text{\$\subset\$ 2 \( \subsete\$ NO } \)										
FUNERAL	104. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?										
B	11. MARITAL STATUS  1   MARITAL STATUS  1   Never Married   2   Married   31/2 Widowed   4   Divorced   12. WAS DECEDENT EVER IN U.S. ARMED FORCES?   1   YES   2   NO   1   YES   2   NO   1   YES   2   NO   1   YES   2   NO   Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Specify: White Speci										
PLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY										
ed at once. BE COMP	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)										
TO BI	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
must	20e. METHOD OF DISPOSITION 1   Burlei 2   Cremetion 3   Removel from State 4   Donetion 8   Other (Specify)   LYL   STATE  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)										
i examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE RONALD Wade, Dir. State Anatomy Board-655 W. Baltimore Street Rm. B026-Baltimore, Maryland 21201-1559										
event, the medical	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Acquired Immune Deficiency Synciome  OUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  The proximate interval Between Onset and Death  Out TO (OR AS A CONSEQUENCE OF):										
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):										
shows any injury.  : MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
23 AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
PHYSICIA	EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA  28. OATE OF INJURY  28. OATE OF INJURY  28. INJURY AT  28. OATE OF INJURY  28. INJURY AT  28. OESCRIBE HOW INJURY OCCURED										
is marked, D BY PH	1) Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President President Pr										
60 III	4 Homicide determined Sulfding, etc. (Specify)  City or Town, State)										
=   =	296. CERTIFFER   CERTIFFER   CERTIFFER   CERTIFFER   Check only one)   2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.										
TO BE CO	296. SIGNATURE AND TAILE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. Q5  97.95										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  JUSTIN Parkh MD 821 N. Entawst., Suite 407, Baltimore MD2120  31. DATE FILED (Abrill), DIO, 1901.  PSR., REGISTRAR'S SIGNATURE.										
	31. DATE FILED (Abrill). Day, Year) SEP 22 1505  July d'Auxlian hardell										



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

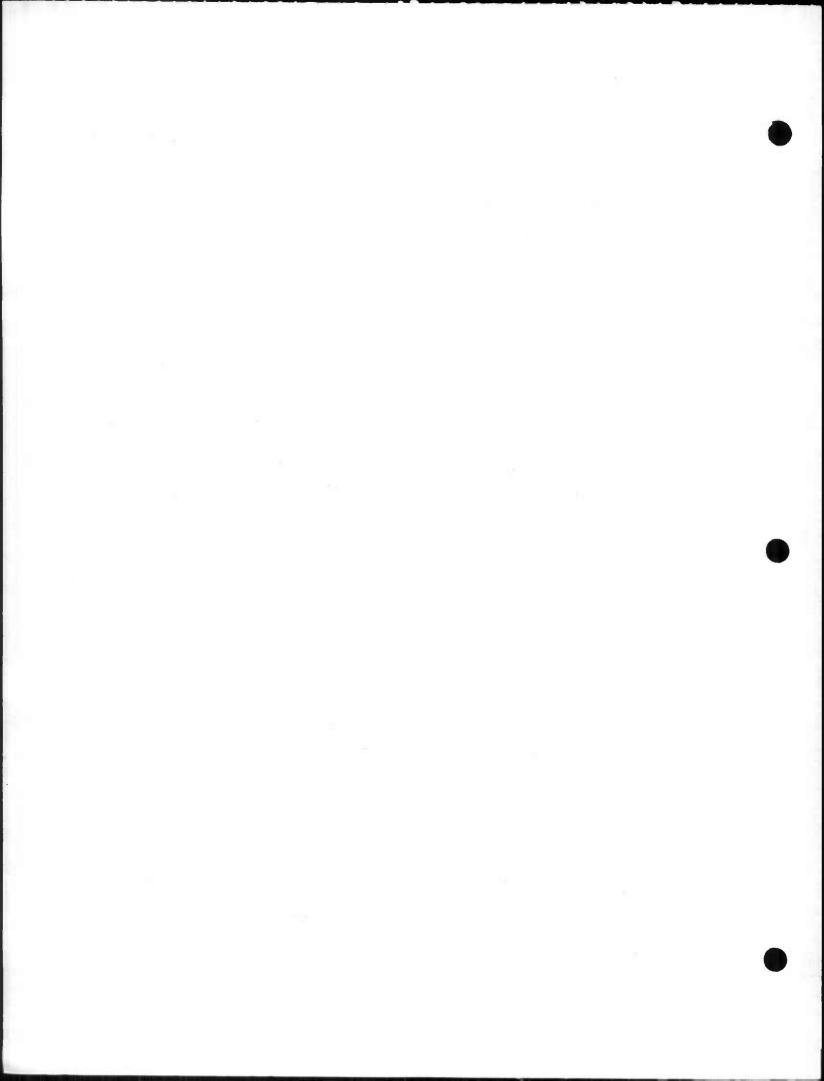
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	Franklin Earl Fridley  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGF (In year last Nothern A. VERN LINDER 4 YEAR LINDER 6 YEAR)	Sept. 19,1995   4:00a m										
	227-05-7623 1 X M 2 - F 80 YRS. MONTHS DAYS HOURS MI	and the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the following the followin										
~	9e. FACILITY NAME (If not institution, give street end number)  9b. CITY, TOWN OR LOCATION O	F DEATH 9c. COUNTY OF DEATH										
TOT.	966 MArtin Road Ess	ex Baltimore										
DIRECTOR	Md. Baltimore 10c. city, town or Location Es	SOR 10d. INSIDE CITY LIMITS?  1 □ YES 2\(\frac{1}{2}\) NO										
FUNERAL	106. STREET AND NUMBER 966 Martin Road	21221 USA										
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  1 Never Merried 2 Merried  3 Merried  12. Was DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HI If yee, specify Cuben, Mi 1 YES, 2 NO S	SPANIC ORIGIN? (Specify Yee or No — steen, Puerto Ricen, etc.)  14. RACE — American Indian, Black, White, etc.  Specify:  White										
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  [Specify only highest grade completed]  [Specify only size refired.]  [Specify only size refired.]	16b. KIND OF BUSINESS/INDUSTRY										
COMPLETED	6th Welder	Beth Steel										
		NAME (First, Middle, Maiden Surname) Cy Risk										
BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or R											
임	James Earl Fridley 501 John Ave. BA											
	20e. METHOO OF DISPOSITION  1 To Burlel 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify) Gardens Of Faith 9	OATE 20c. LOCATION — City or Town, State										
	4 Donestion 5 Other (Specify) Gardens of Faith 9	/22/95 Rossville Md.										
		Funeral Home of Essex										
	23. PART I. Enter the diseases, of complications that caused the death. Do not antar the mode of dying,	Ave Baltimore Md 21221 .  Nuch as cardiac or respiratory arrest,   Approximate										
CERTIFICATION	ahock, pr heart failure. List only one ceuse pn aact line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
EDICAL C	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO   DEATH?											
ME	DID TORACCO LISE CONTRIBUTE TO CALLER OF DEATH AND TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP	1 U YES 2 U NO										
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)											
Y PHYSICIAN	27. MANNER OF DEATH  289. DATE OF INJURY (Month, Day, Year)  280. TIME OF INJURY WORK? INJURY AT WORK?  M 1   YES 2   NO	28d. DESCRIBE HOW INJURY OCCURED										
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)											
COMPLET	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end one)  MEDICAL EXAMINER: On the Sedie of exemination end/or investigation, in my opinion, death occurred at											
BE C	290. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE											
10	30. NAME AND ADDRESS OF RERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)	007- 7/20/95										
	LOUIS SEMENOFF 2108 OREMS X 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	S (BALT MD 2/220)										
	SEP 2 2 1995 July Studen Radall											

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	C
	SPITAL OR ATTENDING PHYSICIAN
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TO THE MOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burkal, cremation, or remoral.	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				GIENE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH		TIME OF DEATH			
	Gwendolyn R.	Funk				Sent		9.5	11:50 PM			
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT		BIRTHPL/ Country)	ACE (State or Foreign			
	219-03-8758  9e. FACILITY NAME (If not institution, give a	1 M 2 X F 89	YRS.	===		June 6,			<u>irginia</u>			
DIRECTOR	Franklin Woods Nu	rsing Center		Ross	ville		Balti	imore	е			
3EC	10e. STATE 10b. COUNT			OWN OR LOCAT				10	d, INSIDE CITY LIMITS?			
	Maryland Bal	timore	Mide	lle Riv	er ZIP CODE		AND DITITED		YES 2 NO			
FUNERAL	50 Right Wing Dri	ve		100	21220			U.S.A.				
N I	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPAN		offy Yea or No — 14.	RACE -	American Indian,			
	1 Never Merried 2 Merried	FORCES? 1 YES			ecify Cuban, Mexica 2 № NO Specify		tc.)	Specify:	Mite, etc.			
Э ВУ	3 🔀 Widowed 4 🗌 Divorced								White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	(CATION completed)	(Give kind of work life. Do NOT use re	done during mo		16b. KIND	OF BUSINESS/INDUS	TRY				
E	Elementery/Secondery (0-12)	College (1-4 or 5+)					***					
M	10 17. FATHER'S NAME (First, Middle, Last)		House	vite	18 MOTHER'S NA	ME (First, Middle, I	wn Home					
	William Rudy				Florenc		UNKNOW	JAT				
BE	19e, INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street e			or Town, State, Zip Go					
2	Robert Funk		10304 3	/incent	Farm Roa	d White	Marsh, MD	21	162			
	20e, METHOD OF DISPOSITION		PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 2	Oc. LOCATION - City	y or Town,				
	t X Buriel 2 Cremetion 3 Ren 4 Donation 5 D Other (Specify)	Ne Ne	w Norbouri	ie Cemet	tery 9/23	3/1995	Martinsbu West Viro	rg rinia	1			
	21. SIDNATURE OF FUNERAL SERVICE U	Royal	//		D ADDRESS OF FA	CILITY	Home P.A.					
- 1	Huderell.	Inda	1				Balt. M		1221			
	23. PART I. Enter the diseases, or	complications that coused	the death. Do not	entar tha mo	da of dying, suc	h as cardiac or	respiratory arres	l,	Approximate			
	shooli, or heart failuge.	List while time stuse on er	och ilna.						interval Batween Onset and Death			
	disease or condition C - Live My Port Of Condition											
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
Z	Daylor Court St.								400			
Ĕ	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury	C DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):									
Ē	thet initieted events resulting in death) LAST		,									
CE		d										
AL	PART II. Other aignificent condition	ns contributing to death b	ut not reaulting in	the underlyin	g ceuse given in		MAS AN AUTOPSY PERFORMED?	All	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO			
200						1 🗆	YES 2 100		OMPLETION OF CAUSE F DEATH?			
ME							1	t	YES 2 NO			
ä	DID TOBACCO USE CONT		F DEATH YES 28. PLACE OF DEATH		UNCERTAI	ИП	-					
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:										
PHYSICIAN: MEDICAL	1 YES 2 NO	28a. DATE OF INJURY	28b, TIME	OF 28c IN	ne 5 🗆 Residence	8 U Other (Spec	HOW INJURY OCCU	RED				
	1 Natural 8 Pending	(Month, Day, Year)	INJUR		ORK?							
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY		et, tectory, offic			(Street and Number or	Rural Rou	ite Number,			
TED	4 Homicide determined	building, atc. (Spec	effy)			City or Town	n, Stete)					
COMPLET	29e. CENTIFIER 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end memor as stated.											
ME	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated.											
	296, SIGNATURE AND DITLE OF CONTIFE	en			29c, LICENSE NU	MBER	29d. DATE S	SIGNED (N	fonth, Day, Year)			
BE	Marle 6	7. Mhores	1 62300		07	20390	>91	211	91			
5	30. NAME AND ADDRESS OF PERSON W C MC MC HOCK  31. DATE FILED (Month, Day, Year)	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P)	rint) Par	Balli	220:00	mi) 213	236				
	cruries rices	נח, מש או	12 Deja	714	Car JII	· wre,	110 -10					
	31. DATE FILED (Month, Day, Year) SEP 2 2 1995	32. REGISTRAR'S SIGN	fall.									





ospital or attending physician.	hed for use as the burial-transit permit, Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sl	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIT	TO THE FUNERA	be filed within 7	IMPORTANT:

						9	J .	8482				
	1 - STATE OF MARYLAND / DI REGISTRAR STATE OF MARYLAND / DI	EPARTMEN RTIFICAT			MENTAL HYGIENI REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last)			T	2. DATE OF DEATH DA	,	YEAR 3	. TIME OF OEATN				
	CHARLES M. GUMMER, SR.				SUPT 20	190	75	750 ~ "				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest bir	MONTHS		F UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		Country)	ACE (State or Foreign				
	217 14-1001   - 13	YRS.			Nov 6, 192	1	Nov	6,1921				
~	9e. FACILITY NAME (If not institution, give street end number)			LOCATION OF DEA	ATN		NTY OF DEA					
DIRECTOR	FRANKLIN WOODS NUTSING CHTR	<u> </u>	Rossvil	ile		PX	altim	rore				
EC	10e. STATE 10b. COUNTY 1	Oc. CITY, TOWN	OR LOCATION	N			10	0d. INSIDE CITY				
DIA	Md. BALTIMORE	PAG	RKVIII	•			1	LIMITS?				
AL	10e. STREET AND NUMBER			P CODE		10g. CIT	ZEN OF WH	AT COUNTRY?				
FUNERAL	3420 East JOPPA RD.			2123	4	U:	SA					
S	11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO	0 12			IC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.				
ВУ Р	IF YES, GIVE WAR OR DATES		1 YES 2	NO Specify.	:		Specify					
	1 WWT						WH	ITE				
TE	(Specify only highest grade completed) (Give i	DENT'S USUAL kind of work done NOT use retired.	ne during most o	of working	16b. KIND OF BUS							
7	Elementary/Secondary (0-12)   College (1-4 or 5 +)	MAIDON	,	eer	Md.	Con	RTS					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	DOTAL			ME (First, Middle, Meiden	Sumamel						
	George Gummer						TMA	0				
BE		AILINO ADDRE	SS (Street end									
2	196. INFORMANT'S NAME (TypoPrint)  196. MAILINO ADDRESS (Street and Number or Bural Flourie Number, City or Town, State, Zip Code)  196. MAILINO ADDRESS (Street and Number or Bural Flourie Number, City or Town, State, Zip Code)  196. MAILINO ADDRESS (Street and Number or Bural Flourie Number, City or Town, State, Zip Code)  196. MAILINO ADDRESS (Street and Number or Bural Flourie Number, City or Town, State, Zip Code)											
	20e, METHOD OF DISPOSITION  1 M Burlei 2 Gremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of campetary, cramatory or other place)  4 Donation 6 Other (Specify)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. Revisible Md											
	21. SIGNATURE OF FUNERAL SERVICE LIGHTER	2:	2. NAME AND	ADDRESS OF FAC	CILITY		ह लिए					
	$O(\omega)$				of Memorie	25						
	Getet al Traves 1.			Harfor			10.21	234				
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feiture. List out one cause on each line.											
	IMMEDIATE CAUSE (Finel											
	resulting in death) . Multiple Hemorrhagic Strokes											
	disease or condition Multiple Hemorrhagic Strokes  Due to (or as a consequence of):  Sequentially list conditions  b. Cevebral Arterio sclerosis											
RTIFICATION	DIE TO (OR AS A CONSEQUE	NCE OF:	o Sci	evosi	7	-		o years				
AT	if any, leading to immediate cause. Enter UNDERLYING							İ				
프	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUE	NCE OF):										
H	resulting in death) LAST											
C	PART II. Other aignificant conditions contributing to death but not rest	ulahan In Aha	malankelma		2-41   41   41-44							
CAL	TANT II. Other algument conditions contributing to death but hot rest	ating in the	underlying c	ause given in	Part I. 24s. WAS AN PERFOR		A	MAILABLE PRIOR TO				
MEDICA					1 YES 2	NO	0	OF DEATH?				
Σ	1 □ YES 2 X NO											
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH 25. WAS CASE REFERRED TO MEDICAL 26. PLACE C	OF DEATH (Chec		UNCERTAIN	1							
PHYSICIAN:	EXAMINER? HOSPITAL:	ОТН	ER:									
448	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Normaling Nome 5 Residence 6 Other (Specify)											
	27. MANNER OF CEATN  260. DATE OF INJURY (Month, Day, Year)  260. TIME OF INJURY NORK?  260. INJURY AT WORK?  1 VES 2 NO											
ВУ	2 Acoldent Investigation 3 Suicide 6 Could not be	or Rural Rou	ite Number.									
LED	4 Nomicide determined building, etc. (Specify)		27		City or Town, State)							
	290. CERTIFIER 4 OF CERTIFICIAN TO the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the heat of the hea		- Alm - 4 -	dulan 2.								
COMPLETED	Check only 0 CERTIFYINO PNYSICIAN: To the best of my knowledge, death 0 one) 2 MEDICAL EXAMINER: On the best of exemination end/or inve		and manner se stated									
	29b. SIGNATURE AND TITLE OF CERTIFIER	g										
BE	Car of de aba Das MD		2	9c. LICENSE NUM	ZOU	29d, DAT	en tem	ber 22, 1995				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	(7) (Type, Print)		0400	<i>&gt;</i> -	, 0	-p 1.	37.17.13				

DR. CAROL RICHARDSON 9000 FRANKLIN SQ. DR. BALTO, Md. 21237

31. DATE FILED (Month, Day, Year)

SEP 8 2 1995

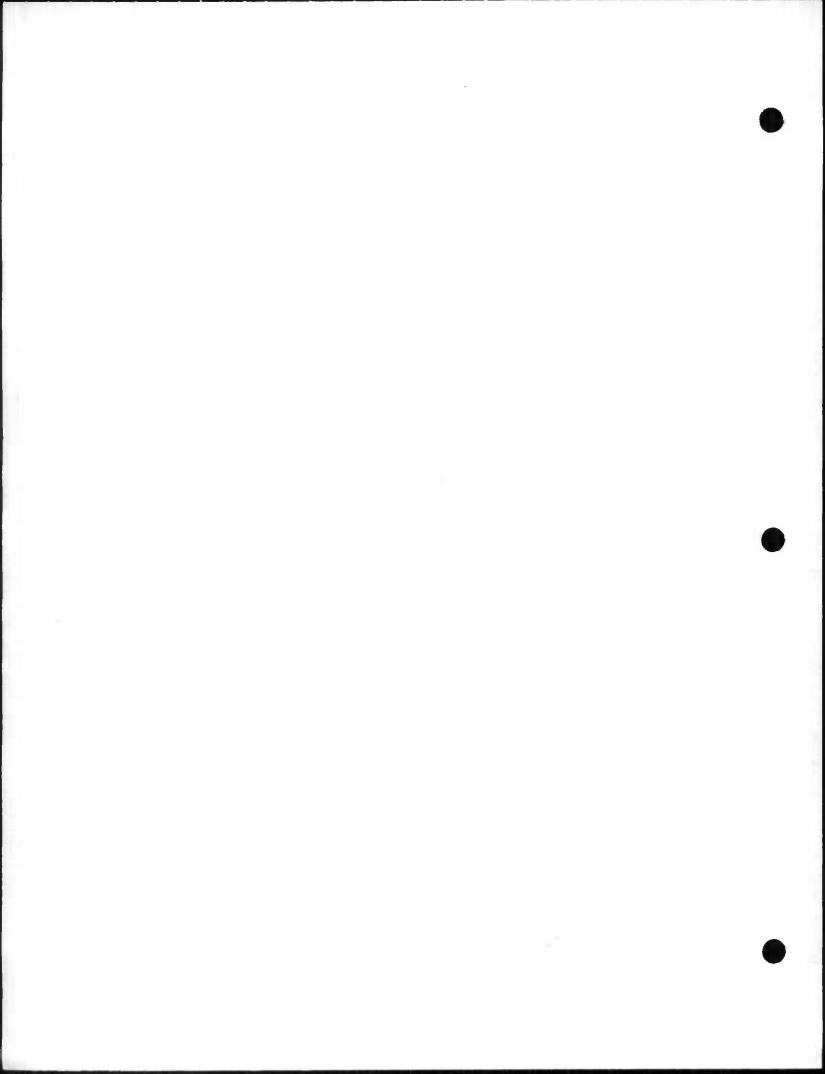
Jalu Sturden Roll 8 DNMN-16 Rev 1/89

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

GREEN. JAMES B.

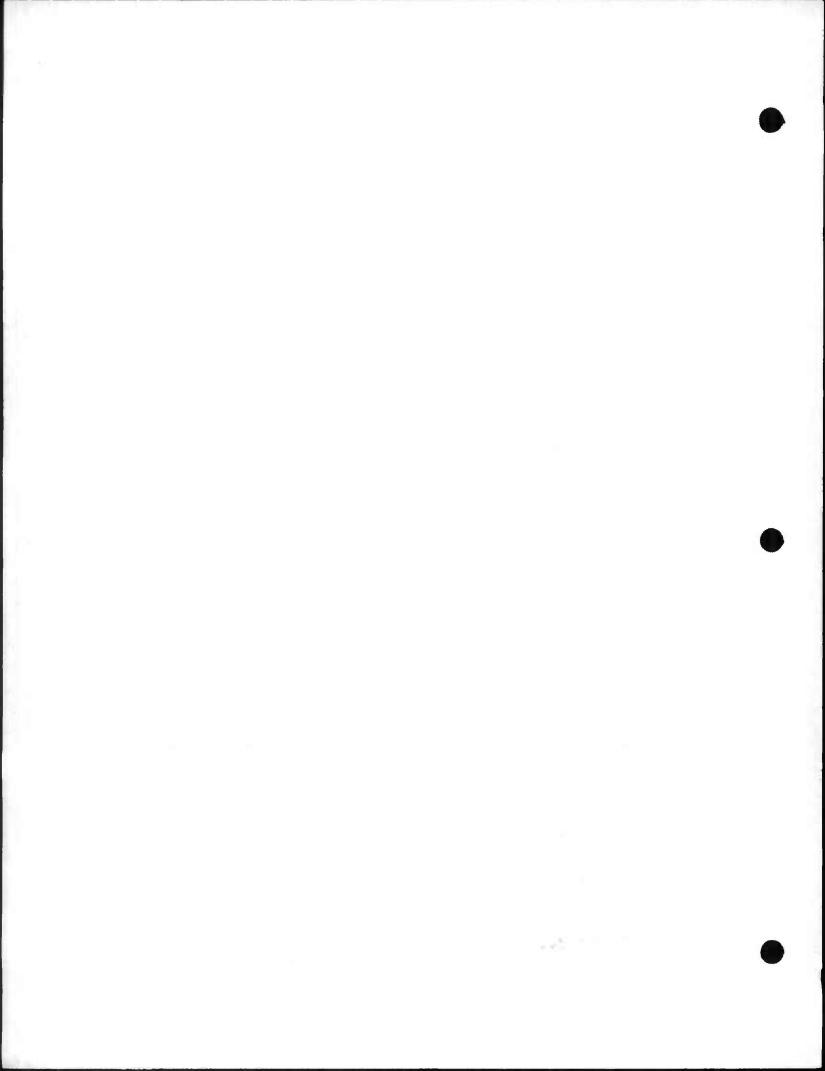
	1 - STATE REGISTRAR	STATE OF M					EALTH DEAT		MENT	AL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			3. TIME OF DEATH
	James Blaine Gre									TEMBER		995	12:45 A M
	4. SOCIAL SECURITY NUMBER 213-18-4652	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DAT	TE OF BIRTH		A. BIRTH	IPLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give str	1 🗶 M 2 🗌 F	YRS.						0-19-19:			jland	
Œ			(TE)				R LOCATIO	ON OF DE	EATH				
5	SALISBURY NURSING	& KEHAB	CENTER		SA	LISE	URY_				W.	COMI	.co
DIRECTOR	Market County				Y, TOWN		ION						10d. INSIDE CITY LIMITS?
L D	Maryland Som	erset		Mc	urior								1 TYES 2 NO
FUNERAL	5535 Green Road					2.0	ZIP CODE						WHAT COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13.			F HISPAN	IIC OBIG	GIN? (Specify Yes		S.A.	
BY F	1 Never Married 2 Nerried	FORCES? 1 IF YES, GIVE W	YES 2 N	10		If yes, spe	2 NO	n, Mexical	n, Puert	o Rican, etc.)	01110	Black	E — Americen Indien, k, White, etc.
	3 Widowed 4 Divorced												" White
E	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(GI	CEDENT'S ive kind of a Do NOT us	work done	CCUPATIO	N st of working	g	1	6b. KIND OF BUS	INESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+	'							4	0.4		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Amo A	-		18. MOTH	ER'S NAI	ME (Firs	Agric t, Middle, Malden	ILXTII Sumeme)	ral	
ш	Carl Carshner-Gree	2n						lie					
TO B	19a. INFORMANT'S NAME (Type/Print)	(wife								imber, City or Town		p Code)	
_	Mary Louise Green							ario	n,	Marylan		1838	
1	1 Buriel 2 Cremation 3 Remo 4 Diposition 5 Other (Specify)	val from State	20b. PLACE A cametery, crei			ITION (Na	me of		D	ATE 20c. LOC	CATION —	City or To	wn, State
ы													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH B. VanSant State Anatomy Board-655 W. Baltimore Street Rm. B026-Baltimore, Maryland 21201-1559												
	23. PART I. Enter the diseases, or co	omplications that	caused the de	ath. Do r	KM	the mor	6-Ba	CLAM	ore	, Maryl	and	212	
	snock, or near taiture. List only one cause on each line.											Approximata interval Between	
	disease or condition resulting in death)	5	5 TAPILLO COCCAL SEPSI										240
	in a cattly	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions. De BILLIATING CUA AND												
ATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  DIFF TO (OR AS A CONSEQUENCE OF):  DIFF TO (OR AS A CONSEQUENCE OF):									1			
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (	DUE TO (OR AS A CONSEQUENCE OF):									<u> </u>	
CERTIFICATION	resulting in death) LAST												
CC	PART II. Other aignificant conditions	contributing to	death but not re	esuiting i	in the un	derivino	cause o	iven in I	Part I.	24a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
ICAL	O, Abele	0			ANO		71			PERFOR	MED?	240	AMAILABLE PRIOR TO COMPLETION OF CAUSE
밁	ANGIN	D.5.	POAY							BODY 1	Relan	20	OF DEATH?
ä	DID TOBACCO USE CONTR	IBUTE TO CAL	JSE OF DEAT	TH YE	S 🗆 I	10 🗆	UNCI	ERTAIN	I M	AMATON	Or TS	0.420	, , , , , ,
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (Check only one) HOSPITAL:								171777701	3~	0.71.	
IXSI	t YES 2 NO	1   Inpatient 2				Ing Home		Idence	8 🗆 Oti	her (Specify)			
	27. MANNER OF DEATH  1 Partirel 5 Pending	28e. DATE OF I (Month, De		28b. TIM INJ	E OF URY	28c. INJU WOR	3K7		28d. D	ESCRIBE HOW IN	JURY OC	CURED	
BY	2 Accident Investigation	28e. PLACE OF	INJURY — At hor	ne. farm s	tree1 facts		ES 2 🗌	NO	201.10	CATION /Cimel or			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								ng Numbe	OF PILITIES PI	oute Number,		
2	290. CERTIFIER (Check only	IAN: To the beet of r	ny knowledge, des	th occum	d at the ti	me date	and place	and due	to the o	avec(a) and many		i.a	
COMPLETED													) end menner es steted.
									(Month, Day, Year)				
TO BE	w	a	MD				0:	39	81	3		9/0	195
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSI	OF DEATH (ITEM	27) (Type,	Print)	-							
	31, DATE FILEO (Month Day Year)	7 K , ₩S	M D	110	14 H	EAL	CHWA	Y D	R	SALI	SBU	RY,	MD 21801
	31. DATE FILEO (MODIF), Day, 1667) SEP 22 190	5 Julia	Davelson K	ardall									



5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DALLIMONE, MARTLAND	nours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detached	or removal.	medical examiner must be notified at once.	
Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR		STATE OF M		/ DEPAR				MENTA	AL HYGIE REG. N			
1. DECEDENT'S NAME (First	1. DECEDENT'S NAME (First, Middle, Lest)  LOWARD  LOCAL SECURITY NUMBER  5. SEX  6. ACE (In your lest			GROS	Fross, Se.			Sept	2. DATE OF DEATH DAY SEPTEMBER 12, 194			3. TIME OF DEATH
212-09-376	212-09-3761 1 ☑ M 2 □ F 78			YRS.	MONTHS D	NTHS DAYS HOURS MIN. (Month. Day, Year) 917 Country)			PLACE (State or Foreign			
	9e. FACILITY NAME (If not institution, give street and number)  JOSEPH RICHEY HOSPICE RESIDENCE OF DECEDENT				Baltimore  Baltimore				UNTY OF D	EATH		
Joseph Rich RESIDENCE OF DEC  10a. STATE  Maryland  10a. STREET AND NUMBER  2542 F. Fay  11. MARITAL STATUS	10e. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION  Baltimore						10d. INSIDE CITY LIMITS? 1 1 YES 2 NO	
100. STREET AND NUMBER	100. STREET AND NUMBER 2542 E. Fayette Street				101. ZIP CODE 21224				10g. CITIZEN OF WHAT C			
. C	11. MARITAL STATUS  1 Never Married 2 Married  3 Midowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 □ YES 2 NO Specify:  14. RACE Black, Specify				- American Indian, White, atc.			
(Speulty onl	(Specify only highest grade completed) (Give					DENT'S USUAL OCCUPATION dind of work done during most of working NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY			
17. FATHER'S NAME (First, M	iddle, Last)					16. M	OTHER'S N	AME (First,	Middle, Maide	n Surname)		
	19a. INFORMANT'S NAME (Type/Print)  Edward L. Gross, Jr. 8					wood	Road	Route Num	nbog City or To	Mary	land	21237
1 Buriel 2 Crematic					AND DATE OF DISPOSITION (Name of matory or other place)			DA	DATE 20c. LOCATION — City or Town, State			wn, State
21. SIGNATURE OF FUNERA	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSE Ph B. Van Sant State Anatomy Board-655 W. Baltimore Street Rm. B026-Baltimore, Maryland 21201-1559											
23. PART 1. Enter the dishock, or himmediate CAUSE (in disease or condition resulting in death)	eart reliure.	Liet only one cause a	e on each i	ine.				ch as car	rdiac or rea	piratory a	rrest,	Approximate Interval Betwee Onset and Dea
If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- thet initiated events	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS/A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significant conditions contributing to deeth but not resulti					n the under	tying caus	e given is	Part I.	24a. WAS AI PERFO 1 TYES	RMED?	24b.	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO D UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check colly one)								1 - YES 200 NO			
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		HOSPITAL: 1   Inpatient   2       28a. DATE OF IN	LIHRY	28b. TIMI		INJURY AT		7	er (Specify)	Hosps INJURY OC	CURED	
2 Accident 3 Suicide 8	2 Accident Investigation 3 Suicide 8 Could not be building, str. (Specify)				M 1 YES 2 NO		281. LOCATION (Street and Number or Rural Route City or Town, State)			oute Number,		
29a. CERTIFIER (Check only	29s. CERTIFIER (Check only  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated.											
29b. SIGNATURE AND TITLE	29b. SIGNATURE AND TITLE OF CERTIFIER  DUVILLE BUILDING ME					29c. LICENSE NUMBER 29d.			29d. DA	I. DATE SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF	em 1	BENEDICT	65	65 N		y St	R	alti	mon,	ממ	212	44
31. DATE FILED (Month, Day,	9 180	32. HAGISTRAN	SIGNATURE	Rardall								



YEAR

NORTH

9c. COUNTY OF DEATH

NI

10g. CITIZEN OF WHAT COUNTRY?

USA

14. RACE — American Indian, Black, White, atc.

MD, 21223

Interval Between Onset and Daath

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

t TYES 2 NO

OF DEATH?

29d. DATE SIONED (Morth, Day, Year)

COMPLETION OF CAUSE

day

REG. NO.

2. DATE OF DEATH

MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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7. DATE OF BIRTH 6. AGE (In yrs. lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 1 XM 2 🗆 F 18-9 YRS. TULY 22,192 Pages 1, 2, 3 should 9b. CITY. TOWN OR LOCATION OF DEATH institution, give EC DIRECTOR TIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE MARYLAND BALTIMORE permit. 1933 P FUNERAL 101. ZIP CODE 9 21223 VENUE burial-transit retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuben, Maxican, Puerto Ricen, etc.)
t YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? t YES 2 NO tt. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as the COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ts. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Por College (1-4 or 5+) PERATOR BETH LEHEM detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname WILLIAM 8 K BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RIS PENROSE TIMORE Раде 6 тау be pe 20a METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (A DATE 20c. LOCATION - City or Town, State must 9-26-EMETER Donation 5 Other (Specify) examiner 21. SIGNATURE OF MUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1913 W. HBALTIMORE ST. BALTIMORE, MDA. 21223 after death. the attending physician and completely filled in by the Mental Hygiene prior to burlal, cremation, or removal. medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heart fallure. List Dnly Dne cause on each line IMMEDIATE CAUSE (Final the disease or condition resulting in death) Tor IN spalianis event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 2 CAUSE (Disease or injury death certificate other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 injury. 24s. WAS AN AUTOPSY PERFORMED? eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL certificate has been signed by the the State Dept. of Health and reval direcco 2957 requires that any 1 YES 2 NO shows ? DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO TONCERTAIN PHYSICIAN: ME 23 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? The Hem HOSPITAL: t TYES 2 NO t Inpatient 2 - ER/Outpatient 3 - DOA HOSPITAL OR ATTENDING PHYSICIAN: 4 Nursing Home 5 Residence 6 Other (Specify) 0 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c is marked, 1_ Hatural 5 Pending t YES 2 NO Investigation OIRECTOR; After the hours after death death BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 1 28 4 Homicide If Item 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL ( 2 MEDICAL EXAMINER: On the beals of examiner TO THE FUNERA be filed within 72 IMPORTANT: II ation and/or investigation, in my opinion, death occured at the time, data and place. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 물 20040 ann du -2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) no 700 9 mer 945 Wash

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

9-

3. TIME OF DEATH

tod. INSIDE CITY

t YES 2 NO

CAROLINA

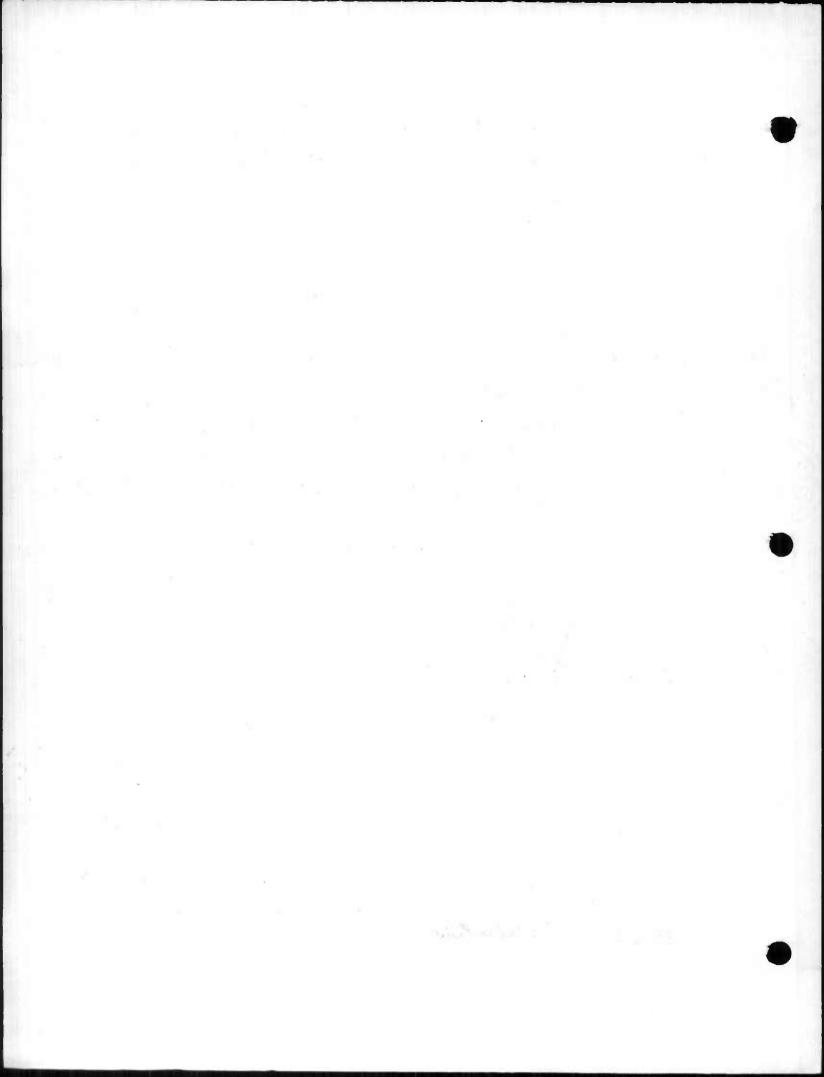
2 6

8. BIRTHPLACE (State Country)

DHMH-16 Rev 1/89



SEP 2 2 1995



ed by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.				
Ä	1. DECEDENT'S NAME (First, Middle, Last)	GREE	U S	R,	2. DATE OF DEATH MONTH G  2. DATE OF DEATH  DAY G  2. 3. TIME OF DEATH  2. 3. TPM				
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER  239-28-4880  98. FACILITY NAME (II not institution, give in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	1 M 2 🗆 F	82 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN. LCITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLA Country) NORT	CE (State or Foreign		
	BON SECOU	RS HOSF	TAL	0	MORE N/A				
	10a, STATE 10b, COUNT	NIA	10c. CITY, TO	BALTIM OF	RE	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	1809 PENROS		E	10f. ZIP CODE	223	USA	9.		
BY FUI	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic  1 YES 2 NO Speci	en, Puerto Rican, atc.)					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		life. Do NOT use re	done during most of working tired.)		IND OF BUSINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Lest)	GREE		ORER  10. MOTHER'S N	AME (First, Middle, Meiden Su	STRUCTION COMPANY Meiden Surneme)  WEBB			
TO BE	190. INFORMANT'S NAME (Type/Print) THOMAS	GOREN	1	ORESS (Street end Number or Rural	15 0	State, Zip Code)	0,2/223		
	20e) METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Ren 1. Densition 6 Other (Specify)	noval from State	PLACE AND DATE OF Detery, cremetory or other	HISPOSITION (Name of place)  MEM. PARK		TION - City of Town,	State		
	JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21223								
ION	CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions,	a. Clube DUE TO (OR AS A	ech ilne.	a dia 0	wila-ch		Approximate interval Between Onset and Death 24 hours		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  a. ACCURATE A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
AL	PART II. Other aignificant conditions Helpertens	ion with t	leud,	COPD.	PERFORM 1 YES 2	NO OF	FRE AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	THER:					
	1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 FER/Outp	28b. TIME O		28d. DESCRIBE HOW INJ	URY OCCURED			
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datermined	26s. PLACE OF INJURY	— At home, farm, stre	et, factory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  D18362  29d. DATE SIGNED (Month, Day, Ybar)  P9/20/95								
-	SO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)  KOMAL K. DANG M.D. 700, Washington Blud., Balto., Md 21230								
	SEP 2 2 1995	Jul 2 Martin Ra	ANGEL						



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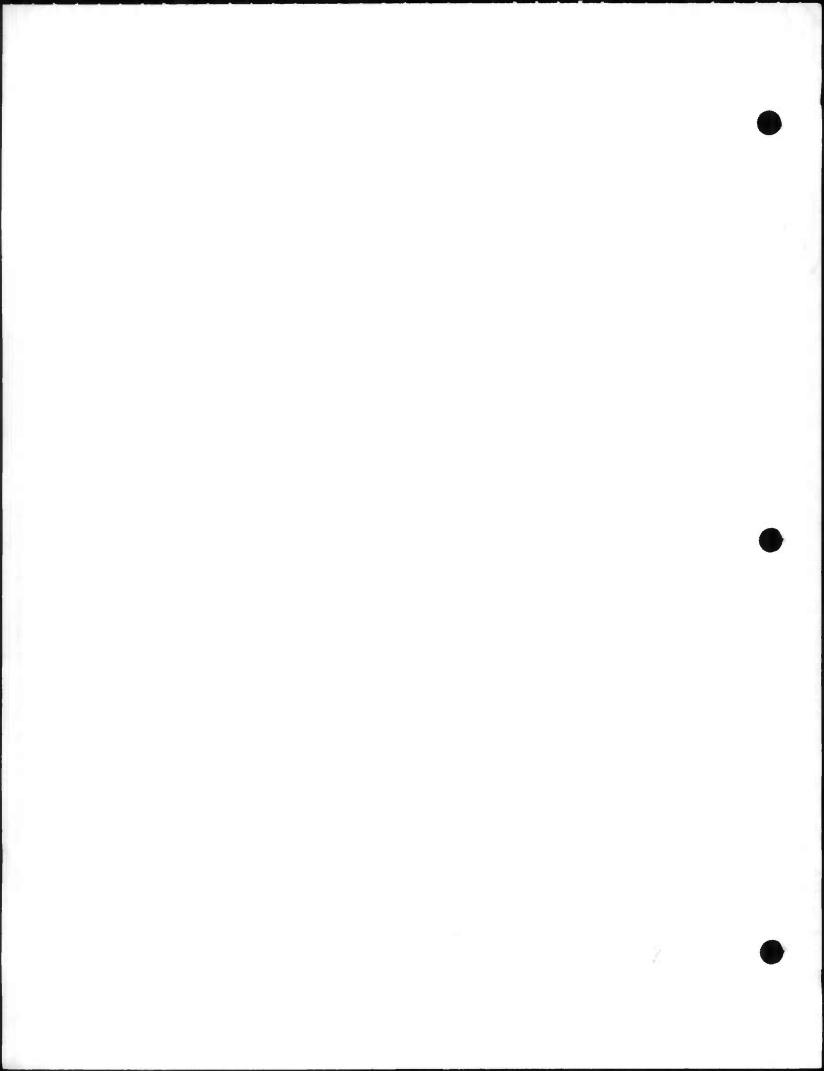
ARBUTUS MEM. PARK ARBUTUS, MD.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNEPAL OF TO THE FUNEPAL DID BE filed within 72 ho

百品 2	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 hours are the burial-transit permit. Pages 1, 2, 3 is marked and the learn 23 shows any fullury or other trainmatic event the marked availant and and activity or other trainmatic event the marked availant.
A SE	RECTOR: A

											HEG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)									ATE OF DEATH	NA.	YEAR	3. TIME OF DEATH
	CHELSIA		ILLE	GREE	NE						PT. 11		95	4:45 A. M
9	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR		R 24 HRS.		ATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	212-14-4046		1 🗌 M 2 🔀 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.		Worth, Day, Year)	914	NOR	TH CAROLINA
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA									
Œ.	2106 HOLLI	NS S	STREET						ORE (		v		/ -	
K	RESIDENCE OF DEC		TRUUT			L	D211	DI III	JKL C	711	1		N/A	
DIRECTOR	10e. STATE	10b. COUNTY	,		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
ā	MARYLAND		N/A		BALTIMORE CITY							LIMITS?		
	10e. STREET AND NUMBER				10f. ZIP CODE					10a CIT	10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	2106 HOLLIN						2122	2			USA.			
Ž.	11. MARITAL STATUS	D DIND	12. WAS DECEDEN	T EVED IN II O AI	MEO	T 42	****	CALL CALL						
Ĭ.	1 Never Married 2	Married	FORCES? 1	YES 2 X	NO	13.	If yes, sp	ecity Cubi	nn, Mexica	n, Pue	IIGIN? (Specify Yes erto Ricen, etc.)	or No-	14. RACE Black	- American Indian, , White, atc.
ΒY	3 Widowed 4 X Divo	rced	IF YES, GIVE W	AR OR DATES			1 TYES	2 💢 NO	Spec//y	γ.			Speck	LACK
	15. DEC	EDENT'S EDUC	CATION	16a. Di	CEDENT'S	USUAL C	CCUPATIO	DN .			16b. KIND OF BUS	INICOC /INI		LACK
	(Specify only	y highest grade	completed)	(0	live kind of a	work done	during mo	st of worki	ing		10B. KIND OF BUS	HNESS/INI	DUSTRY	
2	Elementary/Secondary (0 UNKNOWN	1-12)	College (1-4 or 5 a	)	INTEN			RKER			PAPER	E A	CTOR	v
COMPLETED	17. FATHER'S NAME (First, M	lidella I nati		I LLA	LNTISH	ANGE	, ,,						CIOR	1
										ME (Fi	rst, Middle, Maiden :			
B	JOHN T.	VANN							RRIE		WE			
2	HAZEL	VA	NN								TIMORE,			21223
									, D	AL.	TIPOKE,	TAKI	LAND	21223
	20a. METHOD OF DISPOSITING Burlei 2 Crematic	ION on 3 🗆 Ramo	oval from State	20b. PLACE cemetery, cri				me of		3	DATE 20c. LOC	CATION —	City or To	wn, State
	4 Donation 8 Other	(Specify)			ZIÓN					9-	15-95 B	ALTI	MORE	, MARYLAND
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1	-\	22.	NAME AN	DU U	SS OF FAC	CILITY	JR. FUI	MED A1	ном	IF D A
	▶ ( \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			200		1	1913	W.	BALT	T M O	RE ST.	BAL	ro. M	D. 21223
	23. PART I. Enter the di	seases, or c	omplications the	caused the d	neth Do r									
	shock, or h	eart failure. I	List only one ceu	se on eech line	D.			ac or ay	my, auci		cardiec or respir	ופונטוץ מו	lwst,	Approximate
	IMMEDIATE CAUSE (Fir	- 1											interval Between	
- 1		181	1+.	, ,	1		1		1		1-			Onset and Death
	disease or condition resulting in death)	<b>→</b> ,	Arteri	osclaro	tic	Car	dip	UAS	cula	27	disea	K		
	disease or condition	<b>→</b>	Arteri DUE TO	OF AS A CONSE	OUENCE OF	Car F):	10	UAS	cula	2	disea	K		
NO	disease or condition resulting in death)	<b>+</b>	A	(OR AS A CONSE	OUENCE O	F):	10	UAS	cula	27	disea	N.		
ATION	disease or condition resulting in death)  Sequentially list condition any, leading to imme-	lona, diate	A	OR AS A CONSE	OUENCE O	F):	10	UAS	cula	27	disea	K.		
ICATION	disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or inju	lona, diate	DUE TO	(OR AS A CONSE	OUENCE OF	F): F):	d10	UASC	cula	27	disea	K		
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V: MEDICAL CERTIFI	Sequentially list condition resulting in death)  Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significe the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of	Iona, diete NG Int condition.  Int condition.  SE CONTR	DUE TO  DUE TO  Contributing to  perdent	OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  OR AS A CONSE  USE OF DEA	OUENCE OF	F): F): In the un	nderiving	J ceuse	given in	Part i	24a. WAS AN PERFORI	AUTOPSY MED?	24b.	Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events resulting in death) LAS  PART II. Other significe  DID TOBACCO U  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  2 Accident  3 Suicide 8 Monicide  29a. CERTIFIER (Check only one)  2 MEDI  29b. 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DIVISION OF VITAL RECORDS, P.O. BOX 68760

hours after death. Page 6 may be retained by the hospital or attending physician.	the State Deat, or Health and Mental Hydiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within The hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deat, of Health and Mental Moliene prior to burial, cremation, or removal.	is marke

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)  LEE	GOLDST				2. DATE OF DEATH	MY 12 Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-26-5017	1 M 2 XF 65		F UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Sept. 4,	0.	BIRTHPLACE (State or Foreign Country) Maryland
TOR	90. FACILITY NAME (If not institution, give so Northwest Hospita		9		allstown		9c. COUNTY Ba	of DEATH 1timore
DIRECTOR	10a. STATE 10b. COUNT	y Baltimore	10c. CITY, 1	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	3513 Wild Cherry				ZIP CODE 212		Unite	d States
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	22\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	If yes, sp	ENDENT OF HISPAI reify Cuban, Mexica 2223NO Specif	NIC ORIGIN? (Specify Yesin, Puerto Rican, atc.) y:		RACE — American Indian, Black, White, etc. Specify: Caucasian
LETED	15. DECEDENT'S EOU (Specify only highest grade) Elementary/Secondary (0-12) 10th	Cation completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use n Homemake	k done during mo etired.)		16b. KIND OF BU		TRY
E COMPLET	17. FATHER'S NAME (First, Middle, Last)	harles Marker		L	18. MOTHER'S NA	ME (First, Middle, Malden Mary Sab		
10 B	190. INFORMANT'S NAME (Type/Print) David Goldstein					Route Number, City or Tow Baltimore	m, State, Zip Co	
	20a. METHOD OF DISPOSITION  1 M Burial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	roval from State	PLACE AND DATE OF I	emoria	L Park S	ept.22,199	Sykes	or Town, State sville, Marylai
1	· Goseph	2 W. Kells	ner	Loring	Liberty	Funeral Di Rd Randall	stown,	MD 21133-4784
	23. PART   Enter the diseases, or shock, or heart failure.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OVAR	nch line.			h ss cardiac or reap		interval Batween Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	CONSEQUENCE OF):					
MEDICAL	PART II. Other significant condition	ia contributing to death bi	ut not resulting in t	the underlying	cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
HYSICIAN:	DID TOBACCO USE CONT. 25. WAS CASE REFERRED TO MEDICAL. EXAMINER?		F DEATH YES 26. PLACE OF DEATH		UNCERTAI	N D		
7	1 VES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending	HOSPITAL: 1 Pinpetient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)		F 28c. INJ	JRY AT	8 Other (Specify) 28d, DESCRIBE HOW I	NJURY OCCUR	ED
ELED B	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e, PLACE OF INJURY building, atc. (Special	office 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)					
OMPLE		ICIAN: To the best of my knowlers: On the basis of examination						ause(a) and manner as stated.
O BE		RAO. M. 13			D L/3	462		GNED (Month, Day, Year) TEMBER, 19, 95
	30. NAME AND ADDRESS OF PERSON WH	ICANDA	LL570	MOITA	MID	TER		
	31. DATE FILED (MOZE) 1995 J	32 AEGISTRAR'S COM	ATURE LANGE					

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within the Chair hard page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	is marked
THE HOSPITAL OR ATTENDIT	THE FUNERAL DIRECTOR: At	.69

1. DECEDENT'S NAME (First, I	Middle Last			CERTIF	IOAIL	: UF	DEA	In	2 0477	REG. NO	).		3. TIME OF DEATH
Eliza		М.	C+1	lespie					MONT		100	YEAR	10:21 A
4. SOCIAL SECURITY NUMBE		5. SEX		. lest birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7 DATE	OF BURTH		S. BIRT	HPLACE (State or Foreign
219-07-2332		1 🗌 M 2 📉 F		76 YRS.	MONTHS	DAYS	HOURS	MIN.	Jun	e 19,	1919	Ma1	ryland
9a. FACILITY NAME (If not inst		-1 12 -1.15		9b. CITY, TOWN OR LOCATION OF DEAT					EATH				
3617 Oak		ue		N/A							Ba	alt1	more
	10b. COUNTY	,	-	10c. Cf1	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
Maryland	I	Baltimore	2			N/	A						1 TYES 2 NO
10e. STREET AND NUMBER						101	. ZIP COD						WHAT COUNTRY?
3617 Oak Ave	nue							2120				J.S.	Α.
11. MARITAL STATUS  1 Never Married 2 8	Married	12. WAS DECEDEN FORCES? 1	YES 2	X NO	H	f yes, sp	eclfy_Cubi	ın, Mexica	in, Puerto	N? (Specify Ye Rican, etc.)	s or No-	14. RAC Blac	E — American Indien, ck, White, etc.
3 🔀 Widowed 4 🗆 Divor		IF YES, GIVE V	AR OR DATES		1	☐ YES	2 🐴 NO	Specil	y:		- 9	Spec	White
15. DECE	DENT'S EDUC	CATION	184	DECEDENT'S	USUAL OC	CUPATIO	ON		16	. KIND OF BU	SINESS/INI	DUSTRY	MILLEC
Elementary/Secondary (0-		College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	unng mo	ist of world	ng					
12 Years				House	wife					her o		ome	
17. FATHER'S NAME (First, Mid		200								Middle, Melder h Blai			
Aloysius R.		iger		40. 000.00									
Mr. Joseph M		rer								allsto			land 21133
20a. METHOD OF DISPOSITIO		501	20b. PLA						_				
206. METHOD OF DISPOSITION  1 Buriel 2 & Cremetion 3 Removal from State  4 Donation 5 Other (Specify) Carroll Cremation Serv.  20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, crematory or other place)  Carroll Cremation Serv.													
21. SIGNATURE OF ANNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											T		
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within M hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

_	HEGIOTHAN	021111111111	TE OF BEATTI	ned. No.											
	1. OECERENT'S NAME (First, Middle, Last)	Comst	Che	2. DATE OF DEATH MONTH DAY	YEAR 95	9:30 A									
	4, SOCIAL SECURITY NUMBER 5. SEX 8. A	GE (In yrs. lest birthday) IF UP	NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	a BIRTH	PLACE (State or Foreign									
	219-10-6710 18M2 0 F	90 YRS. MONTH		3 - 1 - D	5 Our	GINIG									
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OF												
8	2814 W. Lafayelle ave	enue E	Baltimore		N/	4									
D	RESIDENCE OF DECEDENT	10c. CITY, TOY	VN OR LOCATION			18d. INSIDE CITY									
DIRECTOR	Maryland NA	10-	Himore			10d. INSIDE CITY LIMITS?  YES 2 \[ \] NO									
- 1	10e. STREET AND NUMBER /		101. ZIP CODE		10g. CITIZEN OF W										
ER/	2814 Wilafayette av	enue	2121	7	U	sa									
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics		or No — 14, RACE Black	- American Indian, White, atc.									
8	1 Never Married 2 Married IF YES, GIVE WAR C		1 TYES 2 NO Specif		Speci	Rlock									
	15, OECEOENT'S EOUCATION	16a. DECEDENT'S USUA	L OCCUPATION	16b. KINO OF BUS	NESS/INOUSTRY	131961									
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COMPL	H 0	Construc	Tion Worke	er Hanne	gan Con	truction Co.									
S S	17. FATHER'S NAME (First, Middle, Last)		18 MOTHER'S NA	ME (First, Middle, Maiden	Surneme)										
B B	Ed. Gaskins		Mar	4 645 K	1115										
2	Theodore Gaskins	H 5	RESS (Street and Number or Rural	TOI		1.21251									
	20g, METHOD OF DISPOSITION	20b. PLACE AND DATE OF DIS	POSITION (Negle of		ATION — City or To										
	1 Deurial 2 Cremetion 3 Removat from State 4 Donation 5 Other (Specify)	come box createry or other plant Z LOD	cemeteru	9/25ta-h	ansdow	ne Md.									
	21. SIGNATURE OF FUNEWAL SERVICE LICENSEE	/	22. NAME AND ADDRESS OF FA	USS FUNE	ral Hor	ne									
	Maph of Ku	SW .	2222 W. Nor	thave B	altimore	md 21216									
	23. PART I. Enter the diseases, or complications that ce shock, or heart failure. List only one cause of		nter the mode of dying, suc	th as cardiac or respi	story arrest,	Approximate Interval Between									
	IMMEDIATE CAUSE (Final	A -				Onset and Death									
	disease or condition	VD.													
	DUE TO (OR	as a consequence of:	July 1												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	AS A CONSEQUENCE OF):	-nucl												
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury														
TE	that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):													
EB.	d					-									
	PART ii. Other algnificant conditions contributing to dee	th but not reaulting in the	e underlying cause given in	Part i. 24s. WAS AN PERFOR		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO									
EDICAL				1 TYES 2	TUNO	OF DEATH?									
		FOR DEATH MADE	□ NO □ UNCERTAI			1 TYES 2 NO									
2	III DID TODACCO LICE COLITRINITE TO CALLO	e the the AIH YES	TORELL LINK FV A	N L.I I											
	DID TOBACCO USE CONTRIBUTE TO CAUS				25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)  EXAMINER? OTHER:										
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C/	neck only one) HER:	100											
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FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

		1. DECEDENT'S NAME (First, Middle, Last)	1 . 11						•••		OF DEATH	<i>.</i>		I. TIME OF DEATN
			Jaither	•						Septe		75 1	995	2:50 Pm
		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lesi		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE C			8. BIRTNP Country)	LACE (State or Foreign
pin		212-80-9608	1 M 2 □ F	3	7YRS.					Aug		958		yland
3 should	œ	9a. FACILITY NAME (If not institution, give s						OR LOCATI		EATN		9c. COU	NTY OF DE	ATN
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sades	DIRECTOR	10a, STATE 10b, COUNTY	′		10c. CITY, TOWN OR LOCATION						-	- 3	0d. INSIDE CITY LIMITS?	
ii.		Maryland n/a	<u> </u>		B	alt	-							YES 2 NO
at per	ERAL			_	10f. ZIP CODE							10g. CIT	IZEN OF WH	AT COUNTRY?
physician. burlal-transit permit. Pages 1, 2,	FUNE	3700 Greenspri	12. WAS DECEDENT	EVER IN U.S. ARI	pt 6		AS DEC		121	NISPANIC ORIGIN? (Specify Yes or No. 14 RACI				- American Indian,
		1 Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WA	YES 2X N	2X NO If yes, specify Cuban, Mexic				n, Mexica	rican, Puerto Rican, etc.) Black				White, etc.
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spital ed for		Elementary/Secondary (0-12)  11th Grade	College (1-4 or 5+)	, , ,		ore	~			D- 1		. L		
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			Бар	OLE		16. MOTI	NER'S NA	ME (First, M	iddle, Malden	Sumame)	anita	tion Dept.
d by d	BE (	<del>Johnny</del> Gaither						E1	la M	ae St	reete	er		
5 should notified	2	19a. INFORMANT'S NAME (Type/Print) Johnnie		196	. MAILING A	DDRESS	(Street a	and Number	or Rural I	Route Numbe	M, City or Tow	vn, State, Zij	Code)	
page 5		Johnny Gaither  28 METHOD OF DISPOSITION			10 Gw				Park			altim	ore,	MD 21216
ector, p		1 Burial 2 Cremation 3 Mame	oval from State	20b. PLACE A cemetery_crer Loudol	matory or other	er place)	rion (Na	eme of		Sept	′ I		City or Town	
		21. SIGNATURE OF PUNERAL SERVICE LIC	eyess	- Cudo	/	22. N	AME A	ND ADDRES	SS OF FA	CILITY NI	itter	Fune	ore, ral H	Maryland omes, Inc.
death. Pag tuneral di 1. examiner		ARMIA!	hi A	mitt	)	- 2501 Gwynns Falls Parkway								
s after of the parties of dical e		23. PART 1. Effective diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximats												I Approvimete
		iMMEDIATE CAUSE (Final											Interval Between Onset and Dasth	
	}	disease or condition a											24 Hours	
executed within and completely to burial, cremat matic event, t		DUE TO (DR AS A CONSEQUENCE OF):  End Stage Renal Disease  Sequentially list conditions												
and and pur	ON	Sequentially list conditions,  Due To (or As A consequence of):  Due To (or As A consequence of):												
ficate be physician ne prior t	CAT	If any, isoding to immediate cause. Enter UNDERLYING Diabetes Pellitus												
nding phy Hygiene I or other	FI	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
he death certi the attending Mental Hygie	CERTIFICATION	d												
0 2 2 3	- 11	PART ii. Other aignificant condition	s contributing to d	sesth but not re	esulting in	the und	eriying	g cause g	given in	Part i.	24a. WAS AN			ERE AUTOPSY FINDINGS
uires that the signed by the Health and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Mealth and Meal	MEDICAL									_	1 TES 2	. /	C	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
w requires been sign of, of Hea shows	- H									_ /				YES 2 NO
law Bept.	AN:	DID TOBACCO USE CONTR	RIBUTE TO CAU		TH YES		_	UNC	ERTAIN	NE				
SICIAN: The lancertificate has the State Dept. or Item 23	잃	EXAMINER?	HOSPITAL:		_ (	OTHER:			-14	• D •••				
THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate hifled within 72 hours after death with the State IPORTANT: If Item 28 is marked, or Item	PHY	27. MANNER OF DEATN	28e. DATE OF II (Month, Day	NJURY	28b. TIME	OF 2	Bc. INJ	URY AT	siderica	6 Other	(Specify)	NJURY OC	CURED	
DING PHYS After this death with	BY	1 Netural 5 Pending 2 Accident Investigation	(month, Day	r, rear)	INJUF	M		PRK?	) NO					
TTENDIN TOR: At after de 28 is 1		3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF building, et	INJURY — At hor tc. (Specify)	ne, ferm, str	eet, fector	y, offic	•			TION (Street Town, State)	and Number	or Aural Rou	te Number,
OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	<u></u>	no convicio I									-			
RAL C	COMPL	(Check only CERTIFYING PNYSIC	CIAN: To the best of m											
THE HOSPITAL THE FUNERAL filed within 72 I PORTANT: If I		2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTUFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)												
TO THE be fied IMPOR	BE	Deorge C. Wi	iles III	M.D.				D4	136	5		≥S4	e SIGNED IN	ber 15, 1975
FFA	2	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type, P	rint)		1		1 .	11.	A	phot	1015
^		George E. Wich		ערו,	26	00	41	sert	y	Heig	MIS	Alle	2	1215
Y		31. DATE FILED (Month, Day, Year)	32. REGISTRAR	The second second										
U		SEPZZ Sub	a Davelson	Tardall										
														DNMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

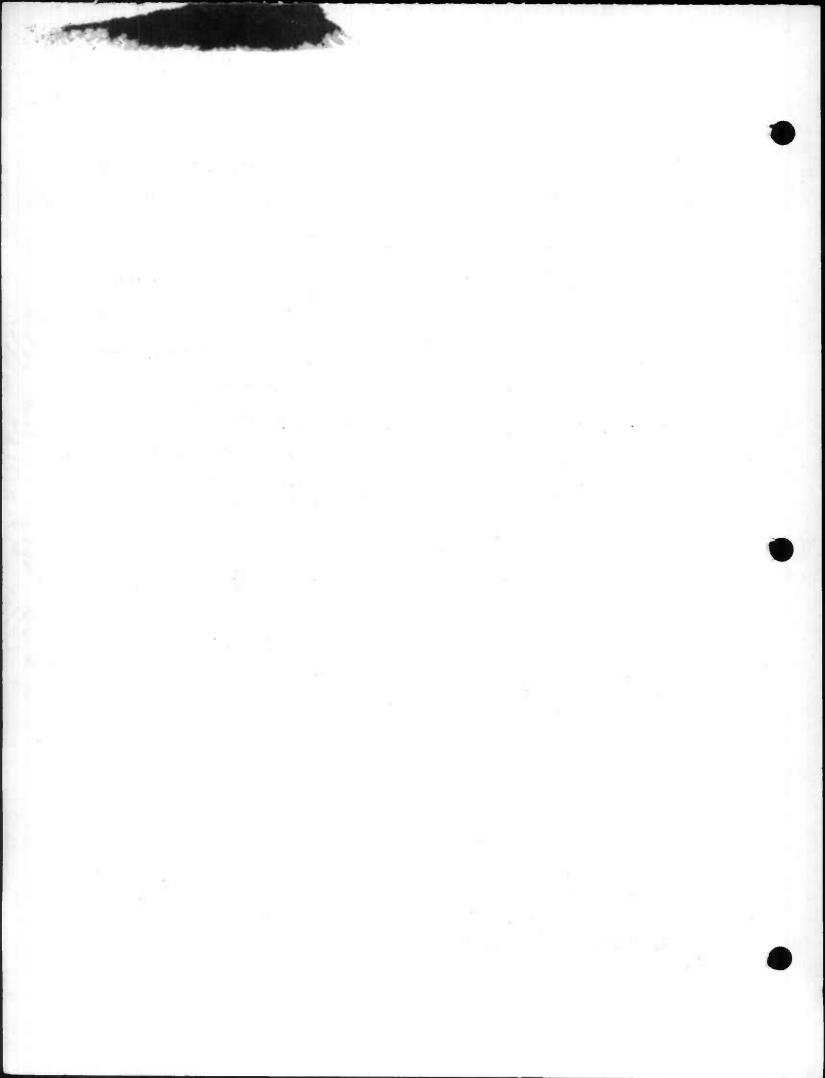
1 - FOR STATE REGISTRAR

		1. DECEDENT'S NAME (First	, Middle, Last)						DLA		2. DATE OF	DEATN			3. TIME OF	OFATN
		I	ELIZABI	ЕТН	GRAN	Г					MONTH	DA	4.	YEAR		
		4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	ast birthday)	IF UNDE	R 1 YEAR	IF UNDER	1 24 HRS.	SEPT.	14 BIRTN	19	95	040 PLACE (State	
		215-28-1881	1	1 M 2 F	F	1 YRS.	MONTHS	DAYS	HOURS	10011	NOV 2		222	Country	y)	
should		9a. FACILITY NAME (If not in		treet and number)		,	9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		0, 1:		TY OF DI		rolina
5.	DIRECTOR	Saint Agnes	Hosp:	ital				Ba1	Ltimo	re	`		,	n/a		
es 1	E C	10a. STATE	10b. COUNTY			10c. CITY, TOWN OR LOCATION 10d					10d. INSIDI	CITY				
2	븝	Maryland		n/a		Baltimore							LIMITS	37		
permit. Pages	AL	10e. STREET AND NUMBER							H. ZIP COD				10g. CITI	ZEN OF W	HAT COUNT	
- 25	FUNERAL	1100 Lynhur	st St	reet		21229					)		1	JSA		
physician. burlal-transit	5	11. MARITAL STATUS  1 Never Married 2	Mandad	12. WAS DECEDEN			13.	WAS DE	CENDENT (	F NISPAN	NIC ORIGIN? (	Specify Yee		14. RACE	- America White, etc.	n Indien,
ing physis	B≺	3 Widowed 4 Divo			WAR OR DATES				S 2 X NO			an, end,	-	Specif	y:	
a gu	15. DECEDENT'S EDUCATION 16. (Specify only highest grade completed)					ECEDENT'S	USUAL C	CCUPATI	ION	_	16b. K	IND OF BUS	INESS/IND	LISTRY	Blac	:K
- 8 C	E		(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)					during m	osl of workli	ng			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3 2 2	절	College					hers	Aid	de			Balti:	more	City	y Sch	0015
	COMPLET	17. FATHER'S NAME (First, M.		DW 255			_	NER'S NA	ME (First, Mid							
ed by	BE	Willie Fiel									Smit					
retained to 5 should notified	ဥ	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
y be		Rossie Gran				L L OO				eet			re, l			21229
ector, 1		299. METHOD OF DISPOSITI 1-  Burlei 2  Cremetio 4  Donation 8  Other		oval from Stale	cemetery, c	remetory or a	other place	1		le.	sept			,	ounty	MD
		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	ALD	acus	22.	NAME V	ND ADDRE	SS OF FA	CILITY NII	tter	Funei	cal I	Jomes	Tnc
death. Pag tuneral di I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216												, Inc.		
after by the mova		23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest,  Approximate														
ted within 24 hours after completely filled in by the ial, cremation, or remover; event, the medical		interval Between Onset and Death    MMEDIATE CAUSE (Final disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):														
th certificate be execuending physician and linguished prior to burn of other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
requires that the deal seen signed by the att of Health and Merita shows any injury,	MEDICAL (	Renal Failure PERFORMED? AMAI										AVAILABLE P COMPLETION OF DEATH?	OF CAUSE			
been to of	- 1	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF DE	ATH Y	FS 🖂	NO F	7 UNC	ERTAIN	y KZr				1 TYES	₹ NO
Der Der	SICIAN:	28. WAS CASE REFERRED TO EXAMINER?				CE OF DEA				EN IAII	· 💯					
SICIAN: The certificate h the State I, or Item	Sic	1 YES 2 TYNO		HOSPITAL:	ER/Oulpatient	3 (\$\dooa	OTHEI		ne 5 🗆 Ra	aldence	8 Other (S	Specify)				
ATENDING PHYSICIAN: ECTOR: After this certificals after death with the State 128 is marked, or it	ВУ РНУ		Pending Investigation	28s. DATE OF (Month, D		28b. Tife	IE OF JURY M	WC	JURY AT DRK? YES 2	] NO	28d. DEŞCR	IBE NOW IN	JURY OCC	URED		
OR ATTENDIN DIRECTOR: At hours after de Item 28 is r	8		Could not be determined	28a. PLACE O building,	F INJURY — At I atc. (Specify)	ome, farm,	street, fec	tory, offic	CB		28f. LOCATH City or 1	ON (Street ar fown, State)	nd Number	or Aural Ad	oute Number,	
3 30 m	COMPLET			CIAN: To the beat of R: On the basis of a											and menne	r as stated.
THE FU filed wit	BE C	280. SIGNATURE AND TITLE	or centuries	1 7/		0	1		29c. LICE	NSE NUM	MBER		29d, DATE	SIGNED (	Month, Day,	Year)
TO THE HOSPITE TO THE FUNERA De filed within 7	TO B	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH OT	M ID (Be	L Print)		D3	55	572	2	Sep	ptem	ber 1.	4,1945
{_		Dr. D 31. DATE FILED (Month, Day, N	apro	<u>L.</u>	KAHA R'S SIGNATURE	N	M.D	90	0 Cat	ton I	Avenue	e Ba	altin	nore,	MD	21228
(2)		crno o	1005		N'S SIGNAL ORE											
/ L		36.16.1	1333	United States	MARCON.	Half									DH	MH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z ⁿ hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dopt. of Health and Mental Hyglene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA			MENTAL HYGIENE REG. NO.						
1	1. DECEDENT'S NAME (First, Middle, Last)  DAIS	GILLIA					6 9					
	4. SOCIAL SECURITY NUMBER  218-42-5577  9e. FACILITY NAME (If not inetitution, give	1 M 2 F	50 YRS. MO	HTHE DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)  MARYLAND				
DIRECTOR	BON SECOURS HOSP				MORE CIT		N/A					
1	MARYLAND  10s. STREET AND NUMBER	N/A		TIMORE			10d, INSIDE CITY LIMITS? 1 VES 2					
FUNERAL	1210 W. FRANKLIN 11. MARITAL STATUS	STREET APT.  12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	2	1223 NOENT OF NISPAI	VIC ORIGIN? (Specify Yes	II.S.	A RACE — American Indian, Black, White, etc.				
ED BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDI	IF YES, GIVE WAR OR D	ATES			n, Puerto Ricen, etc.)		Specify: BLACK				
1	(Specify only highest grad	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during mos		PROVIDE						
BE COMPL	17. FATHER'S NAME (First, Middle, Last) LEROY TILLER		MURSE			ME (First, Middle, Maiden :	Surname)					
TO B	190. INFORMANT'S NAME (Type/Print)  WILLIAM L. GILL	IAM SR.				BALTIMORE.						
	20e. METHOD OF DISPOSITION  1X Buriel 2 Cremetion 3 Rer 4 Donetion 5 Other (Specify)	noval from Stata	ARBUTUS M	EMORIAL	PARK	9/21 BAL	TIMORE	or Town, State , MARYLAND				
	· ///	Broun			AM C. BF W. NORTH	RÖWN COMMUN 1 AVENUE	ITY F/	'H				
	23. PART I. Effer the disease, or complications that ceused the deeth. Do not entar the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final											
	disease or condition resulting in death)  a. Due to (pr. as a consequence of):											
CATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	1/2	9 00	MANUEL I	0 400	Ayun				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	. Full	CHINSEQUENCE OF)	- Re	val	Disease						
AL.	PAAT Other aignificant condition	Neghood	nut dollar de la la la la la la la la la la la la la	the underlying	cause given in	Pert I. 24s. WAS AN PERFOR	MEO?	24b. WERE AUTOPEN PINORHUS AWALABLE PRIOR TO COMPLETION OF GAUSE OF DEATH?				
N: MEDIC	DID TOBACCO USE CON	TRIBUTE TO CAUSE O	F DEATH YES	□ NO □	UNCERTAI	N 🗆		1 □ YES 3 € NO				
PHYSICIAN:	25, WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27, MANNER OF DEATH	HOSPITAL:	settent 0 DOA 4	THER:		6 D Other (Specify)						
BY	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY	- At home, ferm, stre	ES 2 NO								
LETED	4 Homicide determined  29e. CERTIFIER 1 15 CERTIFYING DAY	building, etc. (Spe SICIAN: To the bast of my know	orty)			City or Rown, State)						
COMPLET	cool	IER: On the basis of examination			enth occured at the	time, deta and place, an	d due to the c	ause(a) and menner as stated.				
TO BE	DIL HAME AND ACEIPESS OF PERSON W	W-	EATH (ITEM 27) (Type, P)	rint)	295 LICENSE NU	263	109	116/95				
	Mark A.	BETTE 32. BEGISTRAR'S SIGN	A-U IC	940	W. BA	LT ST	BAC	TMD21223				
	SEP 2 2 1995	July Studente	reall									



1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

1995

3. TIME OF DEATH

2318

10d. INSIDE CITY

1 VES 2 NO

SPANIC

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE

OF DEATH? 1 YES 2 NO

Interval Batween

Onset and Death

6. BIRTHPLACE (State or Foreign Gountry)

TVATEMAL

14. RACE — American Indian, Black, White, etc.

JUATEMALA

2. DATE OF DEATH MONTH

funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 Page 6 may be hours after ( DIVISION OF VITAL RECORDS, P.O. BOX 68769

6

31. DATE FILEO (Month, Day, Year) SEP 2 2 1995

ARCADIO **GUERRA** SEPT 9 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. PRIL Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give stre 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GULF, INSIDE DIRECTOR PATTERSON PARK & BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION A LTO. permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 305 TON 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf wea, specify Cuben, Maxican, Puerto Rican, etc.) If yes, specify Cuben, Maxican, Puerto Ri
1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced emalan COMPLETED 15. DECEDENT'S EDUCATION ecify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5 +) 200K TAURAN once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Midd ARCARIT 0 BE notified 19e. INFORMANT'S NAME (Type/Print) 2 must be 20e. METHOD OF DISPOSITION
1 

Buriel 2 

Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 5 Other (Specify) MAL examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEI NAME AND ADDRESS OF FACILITY SONS FUNERAL )ELLA BALTO. 2 1202 32 2 completely filled in by the rial, cremation, or removal. medical 23. PART i. Enter the disa ses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition GUNSLAOT WOUND OF HETS O resulting in death) traumatic event, requires that the death certificate be executed with OUE TO (DR AS A CONSEQUENCE OF) an and com to burial, CERTIFICATION Sequentially list conditions, QUE TO (DR AS A CONSEDUENCE OF): if any, leading to immediate attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other t QUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 6 the after PART II. Other algoriticant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? I Realth and N shows any 1 NES 2 NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be HOSPITAL, OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF OEATH (Check only one) Hem this certificate h HOSPITAL OTHER: 1 YES 2 ND 1 Inpetient 2 ER/Outpetient 3 DOA 5 - Residence 8XX ther (Specify) PARK 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural Surs ours Nor 19 95 250 PM 1 YES 2 NO BY After death 2 Accident 3 Sóicide 4 Homicide 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) ... 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED DIRECTOR: / 8 Could not be 28 PDRU PATTERSON PREGULFST BAUTHORS Hem TO THE HOSPITAL OF THE FUNERAL D DE filed within 72 ho MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIDNED (Month, Day, Year) O.C.M.E SEPT.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

20,1995

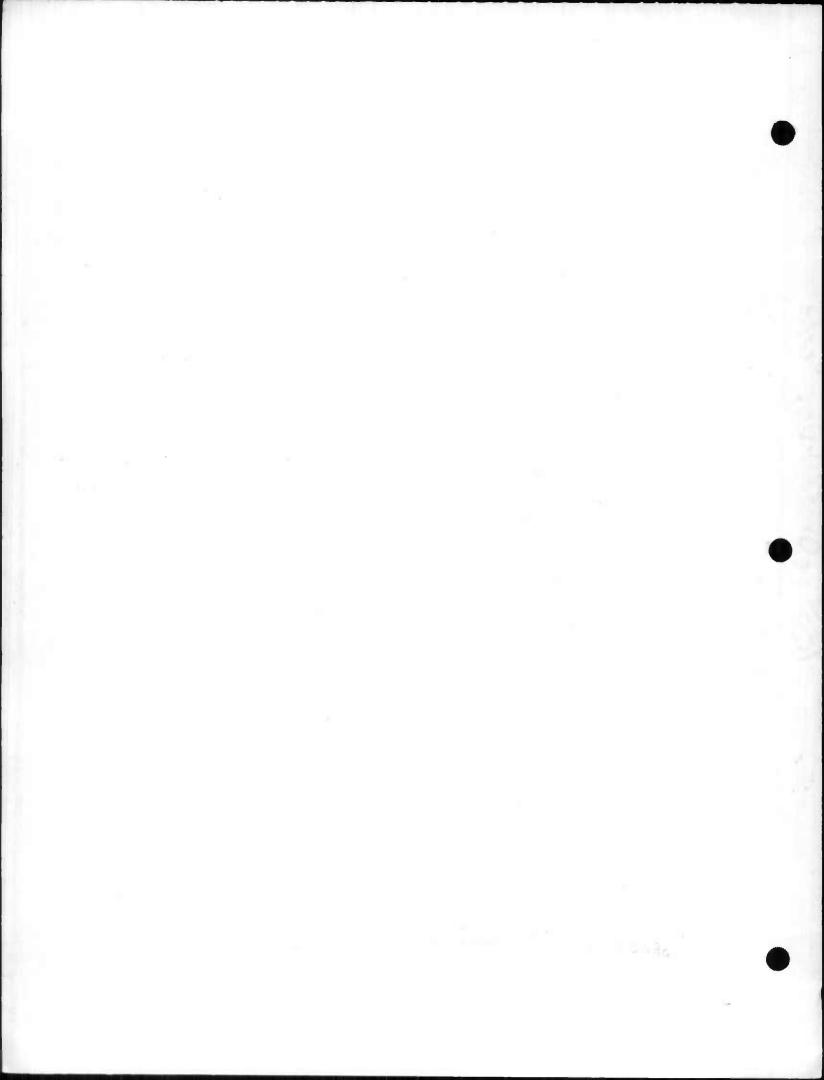
111 Penn Street, Baltimore, Maryland 21201

My

FOR STATE REGISTRAR

		REGISTRAR		CERTIF	ICALE	OF DEATH	REG. NO	D.					
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH . ,				
		Kenneth Holi		Holman A  E (In yrs. last birthday)				20	95 0805 AM				
		209-50-6217		38 YRS.	MONTHS DAY		7. DÂTE OF BIRTH (Month, Day, Ybar)		N. BIRTHPLACE (State or Foreign Country) PHILADELPHIA, PA				
pinous		9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	VN OR LOCATION OF I	06 23 '	7	Y OF DEATH				
, a 8	OR	Union Memor	cial Hospi	tal	Bal	ltimore	City		n/a				
←*	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c, C/7	Y, TOWN OR LO				10d. INSIDE CITY				
permit. Pages	DIR	MARYLAND	n/a		BALT	IMORE			YES 2 NO				
75	FUNERAL	100. STREET AND NUMBER 817 DRUID	PARK LAKE	DRIVE		101. ZIP CODE 21217	,	10g. CITIZE	EN OF WHAT COUNTRY?				
1215-0020 or attending physician. r use as the burial-transit		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	R IN U.S. ARMED S 2 YNO	13. WAS I	DECENDENT OF HISPA , specify Cuban, Mexic	NIC ORIGIN? (Specify Wan, Puerto Rican, etc.)	es or No — 1	4. RACE — American Indian, Black, White, atc.				
15-0020 anding physic as the burial	ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	101	YES 2 (NO Spec	ffy:		specify: BA Black				
after use a	ETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BI	JSINESS/INDU	STRY				
2 2 E	PLE	Elementary/Secondary (8-12)	College (1-4 or 5+)	LABOI			OUTDI	- 10 - 11	DAN LEAGUE				
YLAND 2 by the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		LADO	VLK .	18. MOTHER'S N	AME (First, Middle, Maide		RBAN LEAGUE				
AYL do by the be	BEC	unknown				GLOR		,					
MARYLAND retained by the hospit s should be detached notified at once.	10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To						
ay be page 5		WILLIE FRAZI	EK	817		PARK LAK	-	TIMORE					
Page 6 may all director, page net must b		20a METHOD OF DISPOSITION 1 Method 2 Cremation 3 Heat 4 Donation 5 Other (Specify)	oval from State	WOODL AWN					DRE CO, MD				
ALTIMOR death. Page 6 ma e funeral director, p al.		11. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
BALT after death. by the funeral moval. ical examil		Demand D	Johnson		WM.				NORTH AVENUE				
BALTIMORE, As hours after death. Page 6 may be filled in by the funeral director, page on, or removal. he medical examiner must be a		23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause List only one ceuse on	ed the death. Do i	not enter the	mode of dying, su	ch as cardiac or reep	oiratory arrea	nt, Approximata				
		IMMEDIATE CAUSE (Final disease or condition											
ted within 24 completely fille (al. cremation, event, the		resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	Piavy	. Myre	54		20 homs				
x 68760 executed with n and complete to burial, crem mattic event	N	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  DEATH OF AS A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):  ON A CONSEQUENCE OF):											
or be	CERTIFICATION												
certificate nding physical Hygiene pri	IFIC	CAUSE (Disease or Injury that initiated events  DUE TO (QR AS A CONSEQUENCE OF)											
G Hand	ERT	reaulting in death) LAST	d. HIV						Typeas				
0 0 0 5		PART II. Other significent condition	ne contributing to deeth	but not reaulting	in the underly	ying cause given in	Part 1. 24s, WAS A	N AUTOPSY	24b. WERE AUTOPS FINDINGS				
OR that than	DICAL						PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
REC requires been sign of Heat	M							•	1 PES 2 NO				
Z3 ep 8	SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE (	OF DEATH YE		M UNCERTAI	N 🗆	1.7					
F VITAL SICIAN: The lan certificate has the State Dep t, or Item 23	SICI	EXAMINER?	HOSPITAL:		OTHER:	Iome 5 🗆 Rasidence	B [] Other (Percital						
正 5 5 5	РНҮ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED				
ON O DING PHYS After this death with	B	1 Natural 5 Pending Investigation			M. 1 {	YES 2 NO							
VITEN TTEN TOR: after	TED	3 Suicide 8 Could not be datermined	building, etc. (Sp	iy — At home, farm, i ecify)	arm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
	PLE	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my kno	wiedge, death occurre	ed at the time, d	lete and place, and du	to the cause(a) and ma	nner as stated					
TO THE HOSPITAL TO THE FUNERAL De filod within 72 IMPORTANT: II	COMPLET								cause(a) and manner as stated.				
THE HO	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	3	7	20115	29c. LICENSE NU	MBER	29d. DATE,	BIGNED (Month, Day, Year)				
5 5 3 W	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	FATH (ITEM OF CT	971	- AT 243	8946	9	20 95				
		Danu Shar	nous Pa	VT 11	m L	Boonst	200						
		31. DATE FILED NOTES 1	32 PEGISTANS ON	ATT Solell	1111	120 30	we						
	- 18												

•	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Theresa H	ECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH BY YEAR 3:00 KM			
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER  219-07-5202  9a. FACILITY NAME (II not institution, give str	1 🗆 M 2 🖄 F	7 YRS. BELLET DITTHE MONTHS  YRS. BO CITY	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) MAY 5, 19 //	Countr	IPLACE (State or Foreign y) RGINIA	
	UNIVERSITY		PITAL S	BALTIMOR		N	14	
	MARILLAND 100. COUNTY  100. STREET AND NUMBER	NIA	10c. CITY, TOWN C	PALTIMORE			10d. INSIDE CITY LIMITS?  1 YES 2 NO	
	10110	LTIMORE	STREET	00,0	223	u-s	NHAT COUNTRY?	
BY	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, N				ISPANIC ORIGIN? (Specify Yea or No— laxican, Puarto Rican, etc.)  Specify:  14. RACE — American Indian, Black, White, etc.  Specify:  51. AC K			
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of	ATION completed)  College (1-4 or 5 +)	16e. DECEDENT'S USUAL OF (Give kind of work done life. Do NOT use retired.)  DOME. S	during most of working	166. KIND OF BUSINES	1		
	17. FATHER'S NAME (First, Middle, Leist)	LAWREN			AME (First, Middle, Maiden Suma		ANIA	
TO BE	19a. INFORMANT'S NAME (Type/Print) GFRTRUDE	SMITH		S (Street and Number or Rural), BALTIMOR	Route Number, City or Town, Sta REST, BALTO	ete, Zip Code)	2/223	
	26e METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		PLACE AND DATE OF DISPOS elery, cremetory or other place)	SITION (Name of	DATE 20c. LOCATIO	ON — City or To	own, Stata	
,	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE O	(A) J(	NAME AND ADDRESS OF FO SEPH H. BRO 13 W. BALTI		AL HOME	E.P.A.	
	IMMEDIATE CAUSE (Final	omplications that caused let only one cause on ea	ich line.	the mode of dying, au	ch aa cardlec or reapirato	ry arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	metasta DUE TO JOR AS A atrial	CONSEQUENCE OF):	on ca			1 year 2 weeks	
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to death be	ut not resulting in the u	nderlying cause given in	Part I. 24a. WAS AN AUTI PERFORMED 1 YES 2	0?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
AN: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
SICI	EXAMINER?	HOSPITAL:	OTHE		6 Other (Specify)			
ву РНУ	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUR	RY OCCURED		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, off building, etc. (Specify)			tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.							
TO BE	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DAY SIGNED (Morth, Day, Voar) 297. 18/95							
	Songa Lecuor	na 22 3	South Co	reene St.	Baltimor	e mix	21201	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zel hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Degr. of Health and Mental Hygine prior to burial-transition, or removed.	MPUNIANI: If item 25 is market, of them 25 shows any injury, or other pagnings, event, the method chaining much or notice of other.
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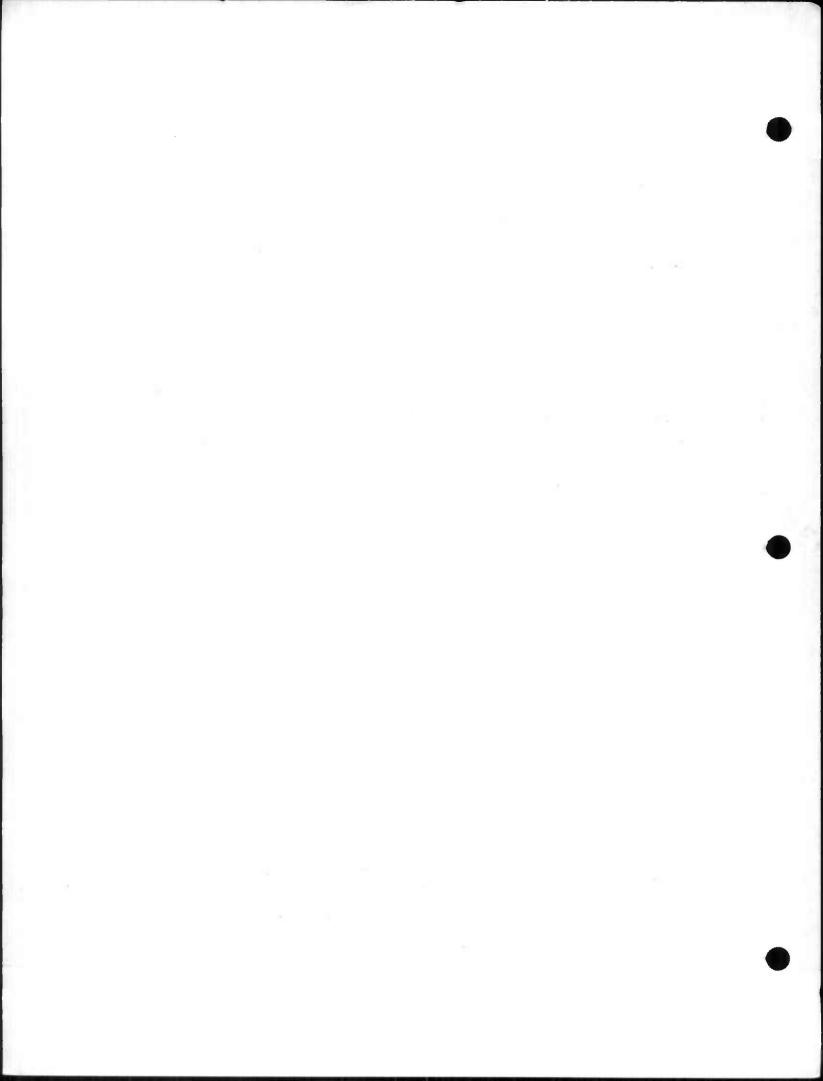
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	t. DECEDENT'S NAME (First, Middle, Last)  PRINTES HILL					2. DATE OF DEATH DAY SEPT. 19 1995 11: 45 A M		
DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. lest birthday)	) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.1		7. DATE OF BIRTH	7. DATE OF BIRTH 8. BIRTHE		e or Foreign
	220-14-3123 VM20F	68 YRS.	MONTHS DA			1927		LAND
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TO	WN OR LOCATION OF DE	HTA	9c. COUNTY OF DEATH		
	St. Agnes 900 Caton Ave	nue21229	Baltimore			N/A		
Ä.	10e. STATE 10b. COUNTY	10c. CIT	CITY, TOWN OR LOCATION			10d, INSIDE CITY LIMITS?		
<u> </u>	Maryland Baltimore			owne		1 TYES 2 NO		
A	10e. STREET AND NUMBER			101. ZIP CODE			IZEN OF WHAT COUNT	
FUNERAL	3116 Hilltop Avenue		21227		Uni	ted Stat	tes	
5	11. MARITAL STATUS 12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specif			'es or No 14. RACE - American Indian, Black, White, etc.		n Indian,
	t Never Married 2 XMerried FORCES? t X		If yee, specify Cuben, Mexicen, Puerto Rican, etc.)  1  YES 2  NO Specify:		Specify:			
8≺	3 Widowed 4 Divorced	WWII	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			White		
B	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S		PATION g most of working	16b. KIND OF BL	SINESS/IN		
Ē	Elementary/Secondary (0-12) College (1-4 or 5 +)	ille. Do NOT u	se retired.)	g Host of Working				
됩	9	sales	sman de		depa	artment store		9
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Meiden Surneme)				
BE C	Printes P. Hill Sr.			Edna M. Howard				
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILIN	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
10	Eleanor G. Hill	3116	Hi11	top Aven	ue Lansd	owne	,Marylan	nd
	20e. METHOD OF DISPOSITION	20b. PLACE AND DATE	OF DISPOSITIO				City or Town, State	
	1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	cemetary, crematory or	doro M	emorial	9/23 Do	reav	, Maryla	and
	21. BIGNATURE OF FUNERAL SERVICE LICENSES	THE ALLOW I	22. NAN	E AND ADDRESS OF FA	CILITY			
	Ambrose Funeral Home of Lansdowne							
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1	23. PART   Enter the diseases, or complications that co shock, or heart fallure. List only one cause		not enter the	mode of dying, suc	h as cardiac or reap	iratory ar		roximata rvai Batween
	IMMEDIATE CAUSE (Final Onset and Death							et and Daath
	disease or condition -> a. Preumonia 5 de							days.
	DUE TO (OF	AS A CONSEQUENCE	OF):	1 4	4 '		5	~ ′
z	- Chrome	obstrue	Ave	Dulmona	in acted	ue		years
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Due to (OR AS A CONSCOUENCE OF):  Due to (OR AS A CONSCOUENCE OF):							V
2	Cause, Enter UNDERLYING CAUSE (Disease or Injury							
19	thet initieted events	AS A CONSEQUENCE	OF):				i	
E	resulting in death) LAST							
	PART II. Other algnificant conditions contributing to de	ath but not resulting	In the under	tying cause given in			24b. WERE AUTO	
EDICAL	Congestive heart failure	coronau	aster	u due ou	0	RMED?	AWAILABLE	PRIOR TO ON OF CAUSE
Q	OF OEATH?							
Σ								
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  A CONTROL OF DEATH (Check only one)  OTHER:							
YSI		VOutpatient 3 DOA	4 - Nursing	Home 5 Rasidence				
PH	27. MANNER OF DEATH  26a. DATE OF IN. (Month, Day,		JURY	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY O	CCURED	
84	2 Accident Investigation	M 1 TYES 2 NO						
ED	6 ☐ Could not be building, atc	IJURY — At home, farm, . (Specify)	atreet, factory,	office	261. LOCATION (Stree City or Town, Stet	eet and Number or Rural Route Number, tete)		
E	4 Homicide determined							
COMPLET	29a. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.							
M	One)  2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner es stated.							
	29b. SIGNATURE AND TITLE OF CERTIFIER	G		29c. LICENSE NU	MBER	29d. DA	TE SIONEO (Month, De	y, Yeer)
BE	X KAN H	allessa	M.D					1995
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  RECEWEN C. D'SOUZA DEPT, OF MEDICINE, ST. AGNES HOSPITAL, BAI  31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE							110	
					ITAL	BALTIN	LORF	
					7.1			
	SEP 2 2 1995 61: 4 3.	4						

I for use as the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL OR ALTENDING PHYSICIAN: the law requires that the death certained by the nosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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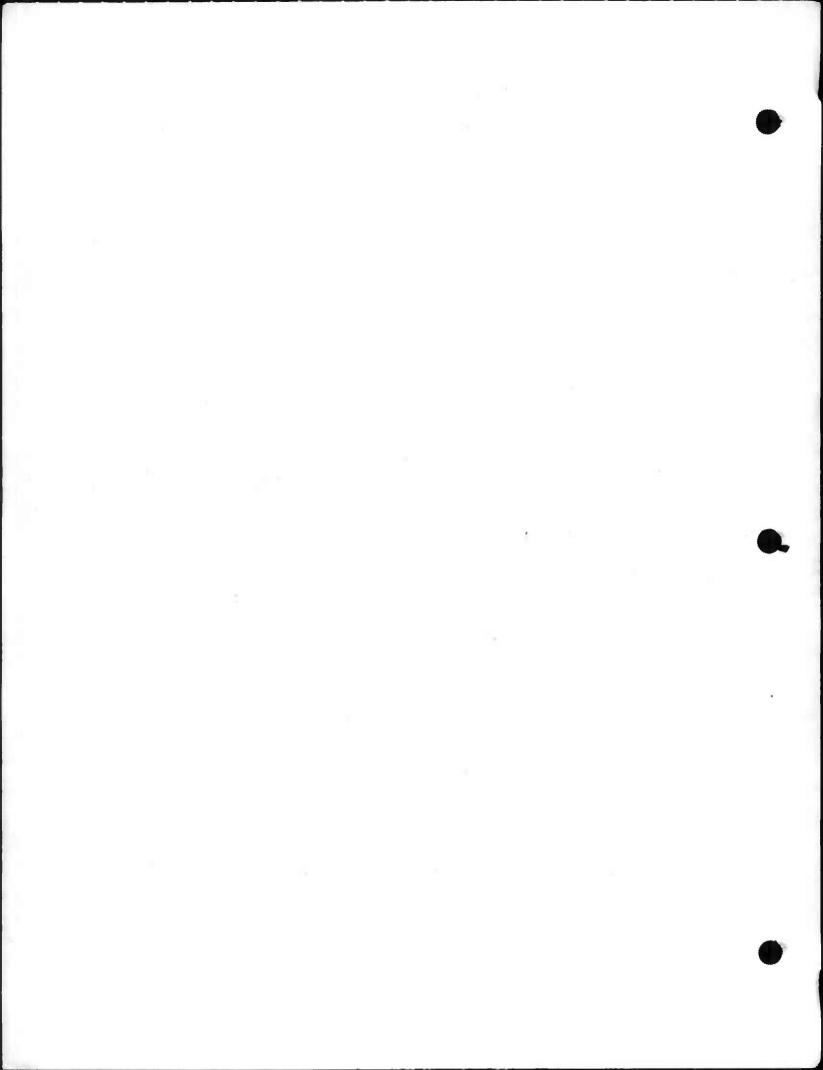
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH alana Sent 32 95 mes 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) IF UNDER t YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Fo 8-9 2 DAYS HOURE MIN. 1 🗆 H 2 💢 F 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Boarman DIRECTOR more RESIDENCE OF DECEDENT 10d, INSIDE CITY 10a. STATE 10b. COUNTY 10c. CITY, JOWN OR LOCATION Imore 1 YES 2 NO 100. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2802 11. MARITAL STATUS 2121 Doarmar 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rid 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BΥ Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5 +) NA tome Margale mak 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE INFORMANT'S NAME (Type/Print) 2 Hmore, Md ZILIS METHOD OF DISPOSITION 20hf PLACFAND DATE OF DISPOSITION (Name of 28gl LOCATION - City or Town, Spita Burlal 2 Cremation 3 Removal from State Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE 21215 Balto, Mul 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart failure. List only one ceuse on each line **Onset and Death** IMMEDIATE CAUSE (Final disesse or condition Varion resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO MUNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED JO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 & Realdence 1 Inpatient 2 ER/Outpetient 3 DOA 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated 2 MEDICAL EXAMINER: On the bee 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 1038972 0 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Beloedere W 244 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)



BOX 68760 DIVISION OF VITAL RECORDS, P.O.

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR Dawan Larry Johnson :30 August 95 PM 7. DATE OF BIRTN (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 JM 2 | F 15 Aug 1995 funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR Harbor Hospital Center Baltimore Baltimore City IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel 1 YES 2 NO Severn FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8235 Pioneer Circle 21144 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 √ NO IF YES, GIVE WAR OR DATES △ 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married Il yes, specify Cuben, Mexican, Puerto Rica 1 TYES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ BE Dawan Larry Johnson Wykeita Sutrelle Jones notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 hours after death. Page 6 may be 9 20s_METNOD OF DISPOSITION
1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH/B. examiner 22 NAME AND ADDRESS OF FACILITY STATE AND ADDRESS OF FACILITY BOARD - 655 W. Baltimore Street VanSant Rm. B026-Baltimore, Maryland 21201-1559 in and completely filled in by the to bunal, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition Prematurity event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed traumatic CERTIFICATION Non-vialbe fetus Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate physician requires that the death certificate be prior cause. Enter UNDERLYING CAUSE (Disease or injury other Hygiene OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Mental injury. signed by the a Health and Men PART II. Other algoriticant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? shows any 1 - YES 2 X NO OF DEATH? 1 YES 2 NO jo DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: has be Dept. 23 HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) ltem. certificate h HOSPITAL: OTHER: 1 - YES 2 - NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 the 28a. DATE OF INJURY (Month, Day, Year) 27 MANNER OF DEATH 28c. INJURY AT WORK? 286. TIME OF INJURY this c marked, 20d. DESCRIBE NOW INJURY OCCURED 1 📉 Natural 5 Pending Investigation 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be datermined 99 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED DIRECTOR after 4 Nomicide 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 28 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND OF CERTIFIED 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) M. 6 2 29. 199 August 36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3001 S. Hanover Street 31. DATE FILED (My 32. REGISTRAR'S SIGNATURE Jalin Shucker Rarball SFP22

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



SEP 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JAMES JOHNSON 1995 SEPT. 14 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR JF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 2296 0 1 X M 2 🗆 F FEB. 22 MAR Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR SEC BALTIMORE OUR RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARULANIO 1 YES 2 NO permit. 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 2/2/5 burial-transit USA. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE -- American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5 +) NKNOWA UNKNOWN notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle R HNSON BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 9 NORTH 20e. METHOD OF DISPOSITION
1 Burlel 2 Cremation
4 Donetics BALTIMORE, MD. be 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must Buriel 2 Cremation 3 Ra the funeral director, BAL -20-95 Donetion 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. JOSEPH H. BROWN JR. JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD. MD.21223 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate filled in by ahock, or heert fallure. Liet only one ceuse on each line. Interval Between ŏ IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ MMUNE DEFICIENCY QUIRED signed by the attending physician and completely Health and Mental Hyglene prior to burial, crematis resulting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other i OUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in deeth) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO this certificate has been with the State Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OR ATTENDING PHYSICIAN: The Item OTHER 1 | Inpetient 2 ER/Outpetient 3 | DOA 1 YES 2 NO Home 5 ☐ Residence 8 ☐ Other (Specify) 5 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. INJURY 1 X Natural 1 YES 2 NO BY After I 2 Accident Investigation 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State) 28 is S Could not be COMPLETED DIRECTOR: / determined item 29e. CERTIFIER 1 K CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. (Check only one) FUNERAL I IMPORTANT: If 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITUE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) **BE** 뿔 THE Bell 2 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, RAV. ISHNAN, M.D. BON SECOURS HOSP. 31. DATE FILEO (Moi 21995

